SunCountry
HEALTH REGION

Annual Report

2009-2010

Healthy People in Healthy Communities

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Website - www.suncountry.sk.ca

Blog - suncountryblog.com

Letter of Transmittal

July 15, 2010

The Honourable Don McMorris
Minister of Health

Dear Minister McMorris,

The Sun Country Regional Health Authority is pleased to provide you and the residents of the Health Region with its 2009-10 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2010.

The Sun Country Regional Health Authority had many successes during the fiscal year, including the staff's response to the threat posed by the H1N1 influenza virus that was declared a pandemic by the World Health Organization and the Public Health Agency of Canada. Our staff worked tirelessly to protect the public.

Our overall success is greatly attributed to the dedication and commitment of employees of the Sun Country Health Region.

Respectfully submitted,

Sharon Bauche

Sharon Bauche,
Chairperson
Board of Directors

Who We Are

The mandate of Sun Country Regional Health Authority (SCRHA) is to provide quality health services to the residents of South East Saskatchewan. SCRHA is accountable to the Minister of Health for the planning, organization, delivery and evaluation of health services provided within the Sun Country Health Region (SCHR). The Regional Health Authority also uses the operating name of Sun Country Health Region.

What We Do

A key role of SCRHA is to ensure strategic oversight by providing leadership that includes monitoring the performance of the organization. This means making sure that the organization's strategic direction is consistent with the goals of the Ministry of Health and that performance measurement processes are in place to allow the organization to know if it is meeting the expectations set out in the plan and Accountability Document.

Saskatchewan Ministry of Health

Four Pillars for Planning

1. **Health of the Individual**
2. **Providers**
3. **Sustainability**
4. **Health of the Population**

Mission

Sun Country Regional Health Authority exists so that there will be:

- Optimum health throughout lifespan;
- Primary health care available to everyone within the Region;
- People taking personal responsibility for their health;
- A significant decrease in the incidence of preventable diseases;
- Public policy supporting healthy living;
- Healthy environments; and
- Safe provision of care.

Vision

- Healthy People in Healthy Communities

Statement of Values

- We value mutual respect, honesty and trust.
- We value openness with our community to create informed decision-making.
- We value social and ethical responsibility and accountability.
- We value privacy, confidentiality and compassionate care.
- We value a sense of ownership by those associated with the mission of the SCRHA.
- We value our staff, physicians and volunteers as our most valuable resource.

Goals

1. Access to a defined range of quality health services through an integrated, coordinated and collaborative care model and provide a culture of patient/resident/client safety.
2. Healthy environments are promoted that allow residents of Sun Country Health Region to live healthy lifestyles.
3. SCHR is a healthy, safe workplace able to attract, support and retain a competent, skilled and engaged workforce.
4. Sun Country Health Region provides health services through a sustainable, efficient and accountable system.

Support for vaccination - Health care workers representing all departments in Sun Country Health Region (SCHR) gathered together in the fall of 2009 to show their support for influenza immunization. From left to right are Don Ehman, Vice President of Human Resources, EMS staff John Murray and Mike Claude; Stella Swertz, RN and representative of the Saskatchewan Union of Nurses (SUN); Cal Tant, President and CEO; Dr. Shauna Hudson, Medical Health Officer; Dr. Phillip Fong; Murray Goeres, Regional Director Rural Facilities; Mary Deren, Telehealth Coordinator and representative of the Health Sciences Association of Saskatchewan (HSAS); and Janice Giroux, Vice President Community Health, SCHR. Receiving the seasonal flu vaccine is Linda Bocian, cook at Weyburn General Hospital and representative of the Canadian Union of Public Employees (CUPE). Giving the seasonal shot is Val Fister, Public Health Nurse. For the past few years, SCHR has had one of the highest percentages of staff to be immunized with seasonal influenza of any health region in Saskatchewan. This year, staff representatives also supported the H1N1 immunization.

Overview of Facilities and Programs

SCHR operates 28 facilities and a large number of programs for the 54,000 people in this region.

9 Health Centres

with Long-Term Care facilities

- Bengough Health Centre
- Coronach & District Health Centre
- Fillmore Health Centre
- Gainsborough Health Centre
- Galloway Health Centre
- Lampman Health Centre
- Mainprize Manor & Health Centre
- Radville Marian Health Centre
- Wawota Memorial Health Centre

2 Community Health Centres

- Maryfield Health Centre
- Pangman Health Centre

2 District Hospitals

- St. Joseph's Hospital of Estevan
- Weyburn General Hospital

3 Community Hospitals

- Arcola Health Centre
- Kipling Health Centre
- Redvers Health Centre

7 Long Term Care Centres

- Estevan Regional Nursing Home
- Moose Mountain Lodge
- New Hope Pioneer Lodge
- Sunset Haven
- Tatagwa View
- Weyburn Special Care Home
- Willowdale Lodge

3 Community Health Services

- Carlyle Community Health
- Weyburn Community Health
- Kipling Community Health

1 Inpatient Mental Health Unit

- Tatagwa View

1 Seniors' Housing Facility

- Creighton Lodge

16 EMS Stations

Bengough	Fillmore	Pangman
Carlyle	Kipling	Radville
Carnduff	Lampman	Redvers
Coronach	Maryfield	Stoughton
Estevan	Oxbow	Wawota
		Weyburn

In addition, SCHR provides a complex array of community programs and services including:

- Acquired Brain Injury Programs
- Acute Care
- Addiction Services
- Adult Community Mental Health Services
- Alternatives to Violence Programs
- Child and Youth Mental Health Services
- Communicable Disease Control
- Community Dietitian Programs
- COPS (Community Oncology Program of Saskatchewan)
- Dental Health Program
- Diabetes Program
- Health Promotion
- Home Care
- Immunization Programs
- Infection Control
- Injury Prevention Program
- Inpatient Mental Health
- Long Term Care
- Meals on Wheels
- Mental Health Home Care
- Mental Health Rehabilitation Services
- Mental Health Therapies Program
- Nutrition Program
- Palliative Care Program
- Parent Program
- Physiotherapy and Occupational Therapy
- Podiatry
- Primary Health Care services
- Psychiatry
- Public Health Inspection
- Public Health Nursing
- Respite Services
- Renal Program/Dialysis, CRI
- Speech Language Pathology (Child/Adult)
- Staff Physical Activity program
- Volunteer Program
- Wellness Clinics
- Wound Care

Standards of Conduct, Ethics and Values

SCHR operates within high standards of care, ethics and values. This high standard of care requires a continuous evaluation of programs and operations:

- SCHR employs staff members who follow regional policies and Professional Codes of Ethics. All professional staff/physicians meet current registration requirements with their licensing bodies.
- Our values are evident in our staff, physicians and volunteers, who are our most valuable resource.
- We continue to affirm our commitment to meeting standards of excellence by participating in the Accreditation Canada process for health services organizations by comparing ourselves to nationally accepted standards.
- SCHR's insistence on client privacy and confidentiality means it has worked hard to implement the changes required to be compliant with the Health Information Protection Act (HIPA).
- SCHR's management philosophy promotes collaborative decision-making and co-operation, enabling staff at all levels to perform their jobs to the fullest with responsibility, accountability and authority.

Health Care Organization Relationships

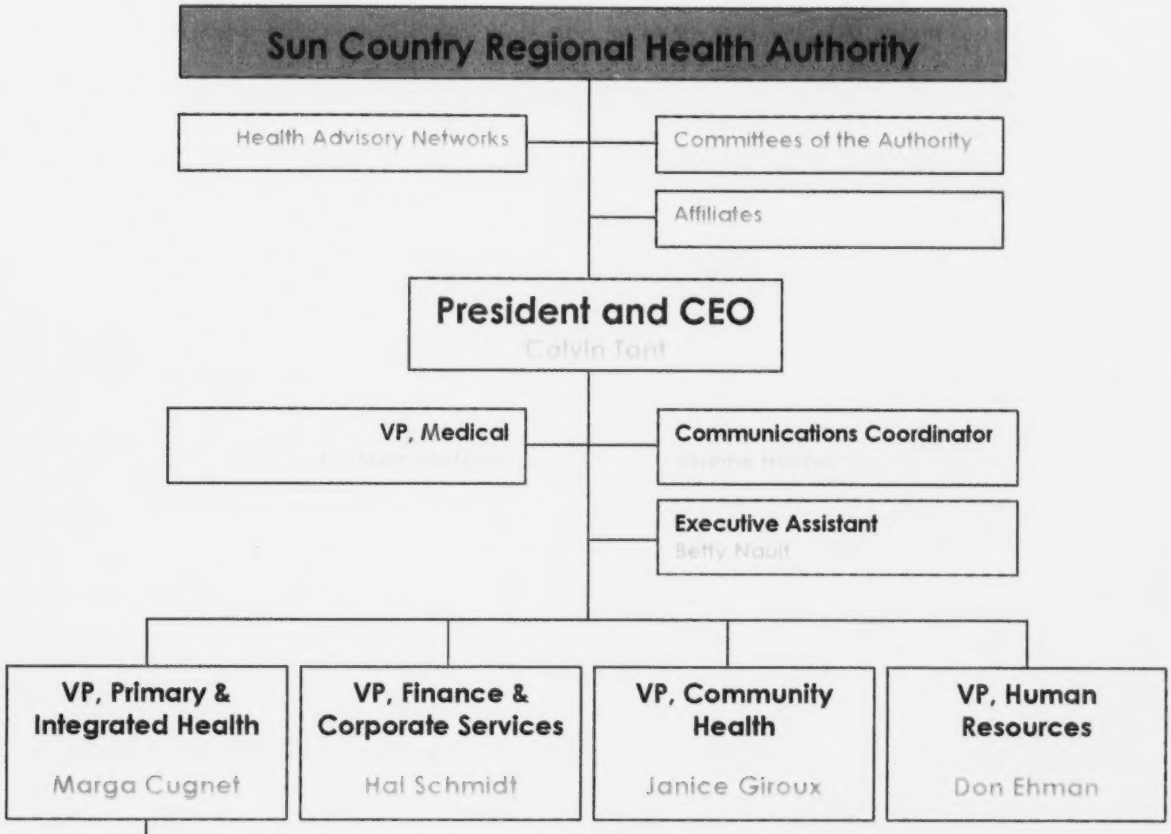
SCHR also funds Health Care Organizations (HCOs) to enhance or add to services provided. In most cases, HCOs complement the continuum of care for regional residents and community-based services. They play an integral role in ensuring seamless, timely and effective service provision in a manner that is consistent with SCHR goals, and are accountable through program and budget submissions, regular fiscal reporting, and annual audited financial reporting. SCHR has a close working relationship and operating agreements with the following three Affiliate organizations:

- **St. Joseph's Hospital in Estevan** - 53 acute care beds, 34 long term care beds and 4 beds for convalescent, respite and palliative care.
- **Radville Marian Health Centre in Radville** - 49 long term care beds, three beds for convalescent, respite, palliative care, observation and assessment.
- **Sunset Haven in Carnduff** - 42 long term care beds, one bed for convalescent, respite and palliative care.

SCHR also provides flow-through funding for the following Health Care Organizations:

- **SMILE Services in Estevan** (Society for Maintaining and Improving Life in Estevan) - programming and support to young children, youth, individuals with challenging needs, seniors and low income families, with a focus on employment, quality housing and social acceptance of persons diagnosed with mental illness in the community.
- **Weyburn Group Home Society** - encourages employment, obtains quality housing and promotes the integration and acceptance of persons diagnosed with mental illness in the community.
- **Canadian Mental Health Association** - Community Resource Centre in Weyburn and pre-vocational programs to assist with the personal growth, support, community integration and re-entry into the work force of persons with mental illness.
- **Fillmore Ambulance Services**
- **Supreme Ambulance in Carlyle**

Sun Country Regional Health Authority Organization Chart



Sun Country Regional Health Authority
(The Board)

- Sharon Bauche, Chairperson
- Marilyn Charlton, Vice-Chairperson
- Alan Arthur
- Lori Carr
- Vernon Palmer
- Debbie Pedlar
- Derrell Rodine
- Lorne Rygh
- Darlene StandingReady
- Karen Stephenson
- Eileen Tunail

Health Advisory Networks

SCHR has established working relationships with community-based committees such as Community Foundations, Community Trust Committees, and Community Health Advisory Committees to accomplish the activities envisioned for the Health Advisory Networks.

SCHR has built relationships with the following organizations:

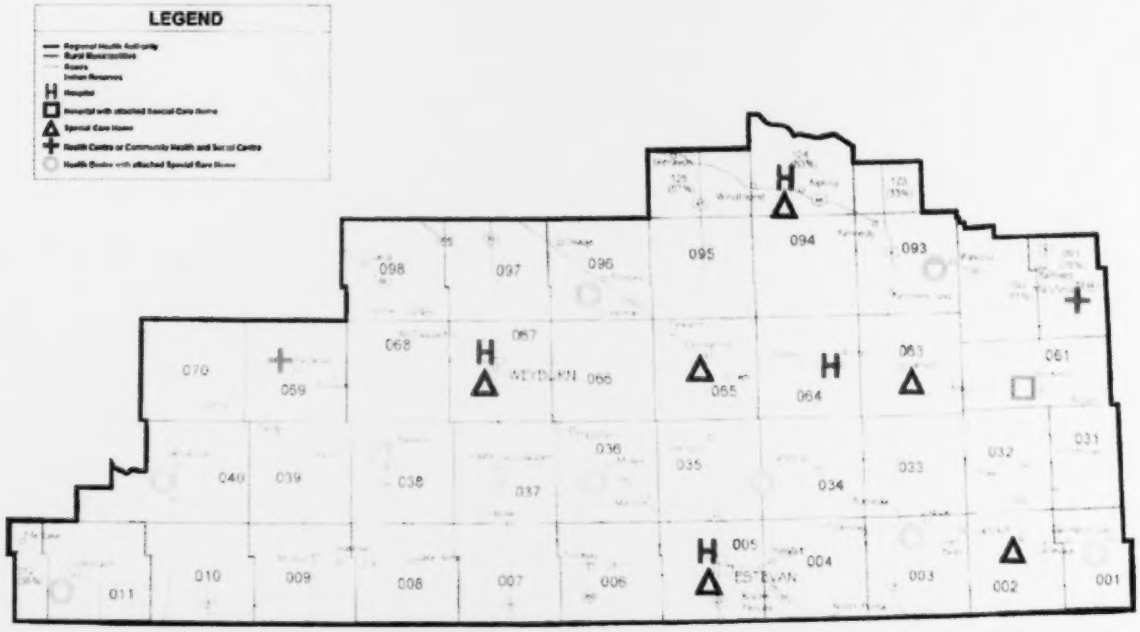
- **Bengough Health Advisory Committee**
- **Borderline Housing Board of Directors**
- **Brock Union Hospital Foundation Corporation**
- **Carievale Community Health Advisory Committee**
- **Coronach Health Advisory Committee**
- **Creighton Lodge Trust Committee**
- **Radville and District Health Centre Foundation**
- **Fillmore Community Health Advisory Committee**
- **Fillmore Health Centre Trust Committee**
- **Gainsborough & Area Health Centre Trust Committee**
- **Galloway Trust Committee**
- **Golden Years Suites**
- **Kipling District Health Foundation**
- **Lampman Community Health Centre Trust Committee**
- **Mainprize Manor & Health Centre Trust Committee**
- **Maryfield Community Non-Profit Corporation**
- **Moose Mountain Lodge Foundation**
- **Pangman Health Advisory Committee**
- **Radville Marian Health Centre Board of Directors**
- **Redvers & District Community Health Foundation Inc.**
- **St. Joseph's Hospital Foundation**
- **St. Joseph's Hospital in Estevan Board of Directors**
- **Wawota Health Care Foundation Inc.**

Public Transparency

Maintaining public transparency is a process that is ongoing. Significant achievements include:

- Establishing a plan for disseminating information to staff members and community representatives about plans and directions.
- Development of strategies to provide regular and timely communication to the staff and the public through the Communications Department.
- Various presentations to staff and community groups about the organization and services offered.
- Making available the annual report, online and in hard copy.
- Meeting with community groups to discuss issues on a regular basis and provide education on services that are available.
- Regular Board meetings open to the public.

Map of Sun Country Health Region



Governance

The role of Sun Country Regional Health Authority (SCRHA) Board is to govern the organization to fulfill its mission. SCRHA exists so that there will be:

- Optimum health throughout lifespan;
- Primary health care available to everyone within the region;
- People taking personal responsibility for their health;
- A significant decrease in the incidence of preventable diseases;
- Public policy supporting healthy living;
- Healthy environments; and
- Safe provision of care.

The Board is responsible to uphold its fundamental principles and values and to determine organizational performance based on satisfactory outcomes.

Collectively, the job of Sun Country Regional Health Authority Board, which cannot be delegated, is to:

- Provide accountability to the residents for SCRHA activities.
- Provide the link between the organization and the community.
  - Provide SCRHA highlights to the public following regularly scheduled meetings.
  - Hold nine (9) open Board meetings for public attendance.

- Develop written governing policies which, at the broadest levels, address:
  - Ends/Outcomes: Results, impacts, benefits and outcomes (what good, for which needs, at what cost). These policies are to include, but are not limited to, a written vision, mission statement and strategic goals.
  - Executive Limitations (On the Means): Constraints on executive authority that establish the prudent and ethical boundaries within which all executive activity and decisions take place.
  - Governance Process: Specifies the approach SCRHA uses to conceive, carry out and monitor its own task, as well as presents the statement of values and philosophy.

More specifically, the SCRHA will:

- Focus chiefly on intended long term impacts on the community outside the organization, not on the administrative or programmatic means of attaining those effects.
- Direct, control and inspire SCRHA through the careful deliberation and establishment of the broadest organizational values and perspectives. Policies will address:
  - the desired results;
  - the boundaries of prudence and ethics;
  - SCRHA roles and responsibilities and
  - the Board-CEO relationship.
- Enforce upon itself and its members whatever discipline is needed to govern with excellence.
- Discipline will apply to matters such as attendance, policy-making principles, respect of clarified roles, speaking with one voice, and self-policing of any tendency to stray from governance adopted in SCRHA policies.
- Be accountable to the general public for competent, conscientious, and effective accomplishment of its obligations as a body. It will allow no officer, individual or committee of the SCRHA to usurp this role or hinder this commitment.
- Initiate policy, not merely react to initiatives.
- Monitor and regularly discuss the Board's process or performance. Provide continuity of its governance by continuing education and development.
- Use the expertise of individual members to enhance the ability of the SCRHA as a body to make policy, rather than to substitute the individual's values for the group's values.

SCRHA Board

The SCRHA is governed by the Board. The SCRHA Board consists of up to 12 individuals from various communities within the Sun Country Health Region who are appointed by the provincial government. The newly appointed board was put in place in February, 2009.

Committee Structure

The Committees of the Board exist to assist in decision-making to carry out their responsibilities. The Board has one working committee.

The Finance and Audit Committee is made up of all board members. The Committee oversees the management of all funds, in accordance with Saskatchewan Government guidelines and Generally Accepted Accounting Principles and auditing procedures and ensures that reporting requirements and public disclosure is adhered to in accordance with relevant legislation.
The President/CEO or designate provides administrative support to facilitate the work of the Committee. Meetings are held on a quarterly basis or at the call of the chair. Minutes of the meeting are distributed to all members of the Board. Minutes of the meeting are maintained with Board minutes. The Finance and Audit Committee reports to the SCRHA Board by submitting minutes.

Preventing falls – Sun Country Health Region Physical Therapist Barb Navieaux, left, leads a group of seniors through a series of exercises filmed as a series for Access TV in Weyburn, Estevan and Coronach. Two sets of exercises were created, one for home care clients and one for long term care residents, both through the Region's Fall Prevention Program. Mrs. Navieaux says improved balance and coordination, strengthening the lower body, and core stabilization have been found to be the most effective way to prevent falls. The home care exercise program is available on DVD from any therapies department in Sun Country Health Region and was aired on Access TV. The long term care exercise video will be available from all long term care centres. Both programs also are available in paper form from the therapies departments. In this photo, from left to right, are Cecilia Klein, Peter Ebenol, and Ruth Dickson participating in the exercise session.

Our Region

Region Overview

The 2009 covered population for residents with provincial health coverage in Sun Country Health Region is 54,138 which is 5.2 per cent of the overall provincial population. The male to female ratio in the health Region is almost 50/50, with males out-numbering females slightly in the 15 to 64 year old age range and females outnumbering males in the 70+ age group.

Table 1 - Demographic Data 2009		
Covered Population	Province	SCHR
2008	1,035,544	54,032
2009	1036284	54138
% Change	(+)1.00	(+)1.00
% Cities	56.4	39.9
% Towns	17.7	25.7
% Villages	8.5	10.5
% RMs	12.7	22.3
% Reserves	4.6	1.9
% 65+ Years	14.5	17.2
% Registered Indians	10.6	2.5

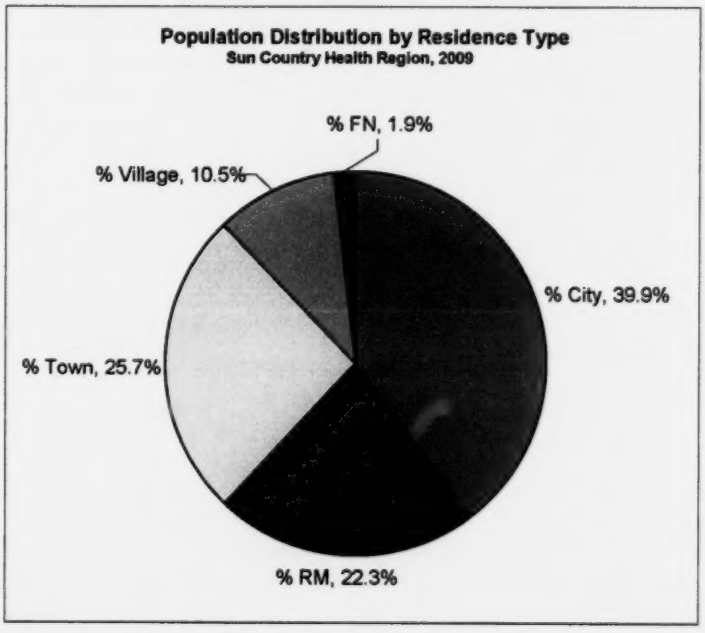
Some key facts:

- 60% of the population lives in primarily rural locations.
- 17% of our population is over the age of 65.
- The Registered Indian population in Sun Country is 2.5% (n = 1373), which continues to be significantly lower than the provincial proportion of Registered Indians - 10.6%.

There are a number of demographic factors that influence both health care service delivery and the health status of residents in SCHR:

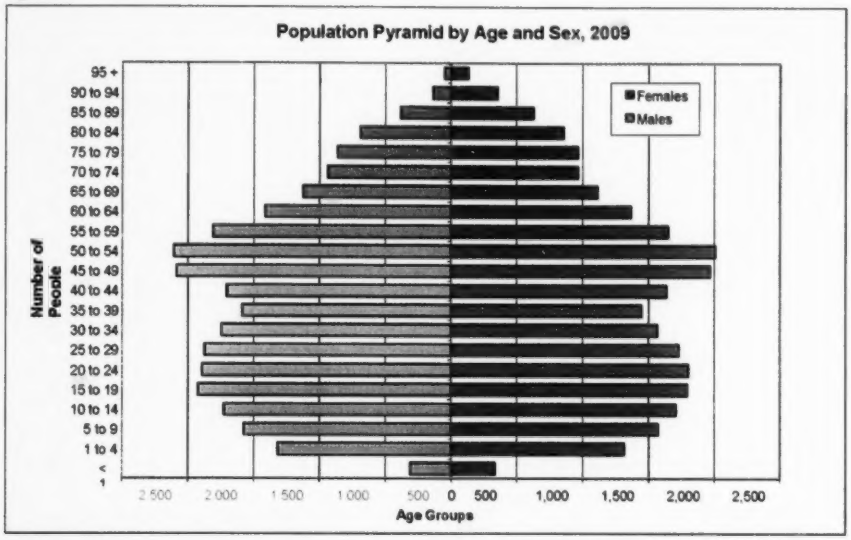
- **The Region's population is widely dispersed.** Travel for health services in SCHR is often required with our widely dispersed population (particularly for specialized services but also for primary care services).
- **The region is primarily rural, with two small urban centres.** A large proportion of the population in lives in rural areas. Sixty-four per cent of residents between the ages of 45 to 64 years and 63 per cent of individuals over 65 years of age live in rural areas such as towns, villages and on farms within our rural municipalities. See Figure 1 and Table 1. (FN = First Nation)

Figure 1
Source: Saskatchewan Ministry of Health Covered Population 2009.



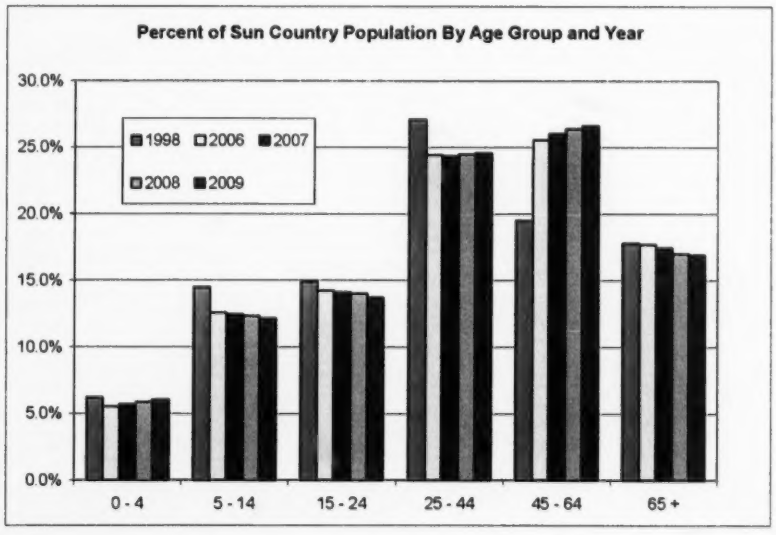
- **The population is increasing.**
  Between 2005 and 2009, the population of Sun Country Health Region increased by 9.1 per cent which is greater than the provincial increase of 1.5 per cent over the same period. SCHR's 2009 population is still lower (7.7 per cent lower) than the peak population of 58,635 in 1999.

Figure 2



- **The population is older and aging.**
  In 2009, 44.2 per cent of the population was over 45 years of age, compared to 40.3 per cent for the province. Since 1998, the proportion of the SCHR population over the age of 45 has increased from 37.3 per cent to 44.2 per cent in 2009 (see Figure 2 and Figure 3).

Figure 3



Health Status of Residents

- **Overall Health Status**
  Generally, the health status of Sun Country Health Region is similar to the provincial indicators. Life expectancy at birth (76.8 years – male and 81.2 years – female) is very close to the provincial average (76.2 years – male and 81.8 years – female). This is also similar for life expectancy at age 65 years. (2001 Statistics Canada).

- **Sense of Belonging and Life Satisfaction**
  Research shows a high correlation between a sense of community belonging and physical and mental health. For this indicator - people who reported their sense of belonging to their local community as being very strong or somewhat strong – 79.9 per cent of SCHR is above the Canadian average of 65 per cent (2007 CCHS).

  The percentage of people in SCHR who rate life satisfaction as satisfied or very satisfied is 95.1 per cent. This compares to rates of 92.0 per cent in Saskatchewan and 91.4 per cent in all of Canada (2007 CCHS).

- **The population in Weyburn and Estevan is transient.**
  The two larger centres in SCHR both have higher than average transience, home rental and low education rates. Both communities however, have fewer single parent families than the provincial average.

Table 2 – Selected Social Determinants for Estevan and Weyburn and Saskatchewan

	Weyburn	Estevan	Saskatchewan
Transience (moved at least once in the past year)	15.5%	15.1%	14.3%
Home Rental	31.3%	28.8%	25.6%
Low Education (did not complete high school)	31.3%	33.6%	30.2%
Single Parent Families	14.4%	12.5%	16.6%

Source: 2006 Census data in the 2010 UEY Community Mapping Report

- **Population aged 12 years and older with chronic diseases**
  SCHR has lower than average rates of diabetes and hospitalized stroke events but higher than average rates of asthma, high blood pressure and hospitalized heart attacks.

Table 3: Chronic Disease Conditions (2007 CCHS and StatsCan Health Indicators 2009)

Disease	Sun Country	Saskatchewan	Canada
Diabetes (2007)	4.6%	6.4%	5.9%
Asthma (2007)	9.1%	8.7%	8.4%
High Blood Pressure (2007)	19.1%	18.6%	16.4%
Hospitalized AMI Event (2009) (rate per 100,000)	243	228	217
Hospitalized Stroke Event (2009) (rate per 100,000)	107	133	128

- **Infant mortality rate & low birth weight**
  Historically, the infant mortality rate (IMR) in SCHR has been comparable to that of the province. The rates vary significantly because of the small number of cases per year.

  Between 1999-2001 and 2002-2004, the low birth weight rate in SCHR rose from 4.3 per 100 live births to 5.5 per 100 live births.

Table 4- Sun Country Infant Mortality Rates 2001-2007

Year	2001	2002	2003	2004	2005	2006	2007
IMR (per 1000 live births)	1.6	6.9	8.5	9.0	1.7	3.2	1.6

Source: Saskatchewan Prevention Institute; Infant Mortality in Saskatchewan: Evidence to Inform Public Health Practice; Appendix D; February 2009

- **School readiness of children**
  A Government of Canada study called Understanding the Early Years (UEY) was able to gather significant amounts of data on the school readiness of children in Southeastern Saskatchewan. The 2009 UEY data shows that SCHR (captured under the "South sub-region") has a higher proportion of children who are considered vulnerable (in 4 out of 5 categories) compared to the Canadian norm.
  - The categories where the South region has a greater percentage of vulnerable children are physical health and well being, social competence, emotional maturity and language and cognitive development.
  - Saskatchewan children in the study had a lower proportion of children considered vulnerable in communication skills and general knowledge, compared to the Canadian norm.
  - The South sub-group was similar to the Canadian norm in terms of percentage of children who are considered vulnerable in one or more domain and also in children who are considered vulnerable in two or more domains.

- **Percentage of population (age 18 to 64 years) who are overweight or obese (2008 CCHS)**

Table 5 - Percentage of population (age 18 to 64 years) who are overweight or obese (2008 CCHS)

	SCHR	Saskatchewan	Canada
Overweight	41 %	34.1%	33.8%
Obese	22.6%	25.6%	17.2%

- **Smoking**
  The proportion of SCHR residents who are current daily smokers is 25.3 per cent, which is higher than both the provincial and the national rates which are 20.3 per cent and 16.8 per cent respectively. (2007 CCHS)

Economic Trends

Economic conditions are favourable
Overall, economic indicators for SCHR are positive.

In 2008, the unemployment rate for the region was 2.0 per cent, compared to 4.1 per cent for the province. According to the 2006 census, SCHR also has a lower proportion of persons living below the low income cut-off - 10.1 per cent of residents living below the cut off compared with the Saskatchewan and Canada rates of 14.4 per cent and 15.3 per cent, respectively. (CIHI 2010 Indicator data)

Selected Health Indicators

1. Immunization Coverage Rates

- **Long Term Care Residents - Immunization Coverage Rates**
  Immunizations recommended for residents of long term care facilities includes annual seasonal influenza, pneumococcal 23, and in 2009/10 - H1N1 influenza immunization. See Table 6 and Table 10 for resident coverage rates by facility.

Table 6 – Overall LTC Resident Immunization Coverage Rates, 2009/2010		
Vaccine Type	SCHR >/= 65 years Coverage Rate (%)	SCHR all residents Coverage Rate (%)
Influenza	92.7	92.5
Pneumo 23	93.5	92.5
H1N1	Not available	83.4

Compared to the immunization coverage levels for 2008-09, the influenza coverage rate for residents decreased slightly from 93.6 per cent to 92.7 per cent.
  - The seasonal influenza and pneumococcal 23 vaccines are administered by facility nurses.
  - For the pandemic H1N1 vaccine, immunization was coordinated by the facility managers. Residents were immunized by public health nurses at facilities falling within the boundaries of their service area.

- **Two-Year-Old Children's Immunizations are up-to-date**
  In the two-year-old age group, SCHR's 2008/2009 immunization coverage rates exceeded the overall Saskatchewan rate for each of the vaccine preventable diseases. SCHR's coverage rates for each antigen are the highest in the province; with the exception of MenC vaccine (one RHA has a slightly higher coverage rate).

  For example some of the up-to-date coverage rates are:
  - MMR (mumps, measles and rubella) vaccine coverage in SCHR for two year old children was 89.6 per cent compared to 79 per cent for Saskatchewan (range 57.1 per cent to 89.6 per cent).
  - Meningococcal C vaccine in SCHR for two year old children was 95.5 per cent compared to 89.7 per cent for Saskatchewan (range 71.4 per cent to 96.4 per cent).

- Chickenpox (varicella) vaccine in SCHR for two year old children was 95.5 per cent compared to 89.3 per cent for Saskatchewan (range 71.4 per cent to 95.5 per cent).

Table 7 - Immunization Coverage Rates (%) for Two Year Old Children Registered in SIMS Saskatchewan Immunization Management System) (2008/2009)

	DTaP-P-Hib (4) & Pneumo 7 (4)						MMR (2)			MenC (1)	Var (1)
	Diphtheria	Hib	Pertussis	Pneumo-7	Polio	Tetanus	Measles	Mumps	Rubella	Meningococcal	Varicella
SCHR	**90.8**	**89.6**	**90.8**	**88.4**	**90.7**	**90.8**	**89.6**	**89.6**	**89.6**	**95.5**	**95.5**
Saskatchewan	79.2	77.9	79.1	77.3	79.1	79.2	79.4	79.3	79.3	89.7	89.3

Adapted from ***Immunization Coverage Rates for Two Years Old Registered in SIMS by Regional Health Authority in Saskatchewan (2008/2009)*, Saskatchewan Ministry of Health**

Note:
1. Number in parenthesis indicates dose number for specific vaccine.
2. Records based on data extraction from SIMS as of August 30, 2009. Rates can be different and subject to change given improvements to SIMS.
3. SIMS population is defined as a total number of eligible persons at specified age category registered in SIMS. This number was used as the denominator in calculating the rates. It includes those children who turned 2 years old between July 1, 2008 and June 30, 2009.
4. Exclusion for those children whose immunization records have not been entered into SIMS, including those receiving immunization from First Nations agencies, or arriving from outside the province or country and not having yet accessed RHA immunization services.
5. Exclusion for those without valid health service number
6. For the three Northern RHAs (Athabasca, Keewatin and Mamawetan), coverage rates were calculated by excluding registered SIMS clients who list known NITHA community addresses
7. Rate denotes percentage of population immunized.

- **Seven Year Old Children's Immunizations are Up-to-date**

The excellent coverage rates that are achieved in infancy and early childhood are continued with the up-to-date immunization coverage rates at the age of seven years shown below.

- MMR (mumps, measles and rubella) vaccine coverage in SCHR for two-year-old children was 89.6 per cent and 95.3 per cent at the age of seven years.

  In the seven year age group, the 2008/2009 immunization coverage rates in SCHR exceeded the overall Saskatchewan rate for diphtheria, tetanus, pertussis, polio, mumps, measles and rubella. SCHR's coverage rates continue to be amongst the highest in the province for this age group.

Table 8 - Immunization Coverage Rates (%) for Seven Year Old Children Registered in SIMS (2008/2009)

	DTaP-P-Hib (5)					MMR (2)		
	Diphtheria	Hib (4)	Pertussis	Polio	Tetanus	Measles	Mumps	Rubella
Sun Country	**96.5**	**92.6**	**96.4**	**96.1**	**96.5**	**95.4**	**95.4**	**95.3**
Saskatchewan	81.3	82.9	81.1	80.9	81.3	93.0	92.6	92.6

Adapted from ***Immunization Coverage Rates for Two Years Old Registered in SIMS by Regional Health Authority in Saskatchewan (2008/2009)*, Saskatchewan Ministry of Health.**

Note:

1. Number in parenthesis indicates dose number for specific vaccine.
2. Records based on data extraction from SIMS as of August 30, 2009. Rates can be different and subject to change given improvements to SIMS.
3. SIMS population is defined as a total number of eligible persons at specified age category registered in SIMS. This number was used as the denominator in calculating the rates. It includes those children who turned 7 years old between July 1, 2008 and June 30, 2009.
4. Exclusion for those children whose immunization records have not been entered into SIMS, including those receiving immunization from First Nations agencies, or arriving from outside the province or country and not having yet accessed RHA immunization services.
5. Exclusion for those without valid health service number
6. For the three Northern RHAs (Athabasca, Keewatin and Mamawetan), coverage rates were calculated by excluding registered SIMS clients who list known NITHA community addresses
7. Rate denotes percentage of population immunized.
8. For Prairie North, Alberta side of Lloydminster's immunized clients were included as they are also in the denominator.

- **Grade 6 Student (1997 Birth Cohort) Immunizations are Up-to-date**
  SCHR also achieves high immunization coverage rates in Grade 6 students (children born in 1997 for this report), as evidenced by the coverage rates shown in Table 9. SCHR coverage rates continue to be amongst the highest in the province for this age group.
  - SCHR has the highest coverage rate for hepatitis B vaccination in the Grade 6 cohort at 75 per cent compared to 63 per cent for Saskatchewan over all (range from 22 per cent to 75 per cent).
  - The HPV (human papillomavirus) vaccine program was new in 2008/09. SCHR achieved the highest coverage rate in the province for the first year – 71 per cent compared to 58 per cent for Saskatchewan over all.
  - For 2008/2009 only, the Grade 7 birth cohort (1996) was also eligible for HPV vaccine and the SCHR coverage rate was the highest over all in the province at 73 per cent compared to 61 per cent for Saskatchewan over all (range from 34 per cent to 73 per cent).

Table 9 - Immunization Coverage Rates (%) for Grade 6 (1997 Birth Cohort) (2008/2009)					
	>1 dose	≥2 doses	≥3 doses	1 dose or history of disease	1 dose
	Meningococcal	Hepatitis B	HPV Human papillomaviruses	Varicella Protection	Varicella
SCHR	**81.0**	**75.0**	**71.0**	**72.4**	**12.0**
Saskatchewan	70.0	63.0	58.0	62.0	9.0
Range (min, max)	37 to 83%	22.0 to 75.0%	31.0 to 71.0%	27.8 to 75.5%	5% to 14%

Adapted from *COVERAGE SUMMARY REPORT FOR MENINGOCOCCAL CONJUGATE, VARICELLA AND HEPATITIS B, 2009 and SASKATCHEWAN HUMAN PAPILLOMAVIRUS (HPV) IMMUNIZATION PROGRAM COVERAGE SUMMARY REPORT,* 2009 Saskatchewan Ministry of Health

2. Seasonal Influenza Immunization Coverage Rates

- **Health Care Worker Influenza Immunization Coverage Rates**
  89.9 per cent of all SCHR employees were immunized with seasonal influenza vaccine in 2009/2010. The overall immunization coverage rate was calculated based on the total number of SCHR employees, including both active and inactive staff. Most of these individuals also received H1N1 vaccine.

  The 2009/2010 immunization coverage rates for SCHR long-term care (LTC) residents and LTC staff by health care facility are shown in Table 10.
  - In long term care facilities, the staff immunization coverage rate is 82.4 per cent (range from 41.7 per cent to 100 per cent).
  - There was an over all 1.5 per cent decrease in the staff immunization level from 2008/09.
    - Eight LTC facilities had an increase in coverage rates, eight had a decrease and one remained the same as last year.
  - In long term care facilities the resident influenza immunization coverage rate is 82.4 per cent (range from 78.3 per cent to 100 per cent).

Table 10 – Resident and Health Care Worker Influenza Immunization Coverage Rates for LTC 2009/2010

Facility Name	# of Residents	# of Residents Immunized <65	# of Residents Immunized >65	Total # of Residents Immunized	% of Residents Immunized (2009/2010)	# of Staff	# of Staff Immunized	% of Staff Immunized (209/2010)
Moose Mountain Lodge	40	3	29	32	80.0%	71	66	93.0%
Willowdale Lodge	27	2	22	24	88.9%	64	62	96.9%
Redvers Health Centre	23	0	18	18	78.3%	86	65	75.6%
Wawota Health Centre	26	2	24	26	100.0%	76	69	90.8%
Bengough Health Centre	26	0	26	26	100.0%	53	51	96.2%
Coronach Health Centre	12	0	12	12	100.0%	42	35	83.3%
Radville Marian Health Centre	40	0	40	40	100.0%	63	61	96.8%
Tatagwa View	118	10	103	113	95.8%	162	105	64.8%
Weyburn Special Care Home	85	5	72	77	90.6%	124	101	81.5%
Sunset Haven	36	1	34	35	97.2%	71	66	93.0%
Estevan Regional Nursing Home	62	4	53	57	91.9%	100	85	85.0%
Fillmore Health Centre	20	1	17	18	90.0%	44	44	100.0%
Gainsborough Health Centre	16	0	15	15	93.8%	41	34	82.9%
Lampman Health Centre	17	0	15	15	88.2%	47	36	76.6%
Mainprize Manor	15	0	12	12	80.0%	36	15	41.7%
Galloway Health Centre	12	0	11	11	91.7%	53	47	88.7%
New Hope Pioneer Lodge	27	0	25	25	92.6%	48	30	62.5%
St. Joseph's Hospital	37	1	34	35	94.6%	77	64	83.1%
Total	**639**	**29**	**562**	**591**	**92.5%**	**1258**	**1036**	**82.4%**

The influenza immunization coverage rate for staff working in LTC in 2008/2009 was 83.8 per cent. Protecting staff from seasonal influenza also serves to protect the residents in long term care. The overall influenza coverage rate for all SCHR health care employees is the highest in the province. In 2008/2009, the coverage rate was 80 per cent:

Table 11 - Influenza immunization coverage rates for Health Care Workers 2008/2009

Vaccine Type	SCHR Immunization Coverage Rate (%)	Overall Provincial Immunization Coverage Rate (%)	Range in RHAs Min and Max (%)
Influenza	80.0	57.0	41 – 80

The 2009/2010 influenza immunization coverage rates for SCHR acute care staff by health care facility are shown in Table 12.

- The staff immunization influenza coverage rate is 84.3 per cent (range = 73.9 per cent to 100 per cent) in acute care facilities. The overall coverage rate is very similar to staff coverage rates in LTC. In acute care, the overall coverage rate decreased by 1.3 per cent from 2008/09.

Table 12 - HCW Influenza Immunization Coverage Rates for Acute Care Facilities (2009/2010)

Facility Name – Acute Care	# of Staff	# of Staff Immunized	% of Staff Immunized
Pangman Health Centre	-	-	100.0%
Arcola Health Centre	42	39	92.9%
St. Joseph's Hospital	223	192	86.1%
Weyburn General Hospital	157	116	73.9%
Kipling Memorial Health Centre	62	60	96.8%
Total	**489**	**412**	**84.3%**

- **Community Influenza Immunization Coverage Rates**
  In 2009/2010,
  - 62.3 per cent of SCHR's population 65 years of age and older were immunized with seasonal influenza vaccine.
  - 82 pregnant women were immunized with seasonal influenza vaccine (60 by PHNs and 22 by physicians)

- **H1N1 Immunization Coverage**
  The H1N1 immunization initiative began October 26, 2009 as part of the Saskatchewan Ministry of Health pandemic vaccine response. Mass immunization clinics were held in predetermined locations across the Region with public health nurses leading the clinics. Other nurse immunizers were integrated into the clinic after they participated in an in-service and completed an assessment of their knowledge. H1N1 immunizations continue to be provided to SCHR residents through the regional public health offices.

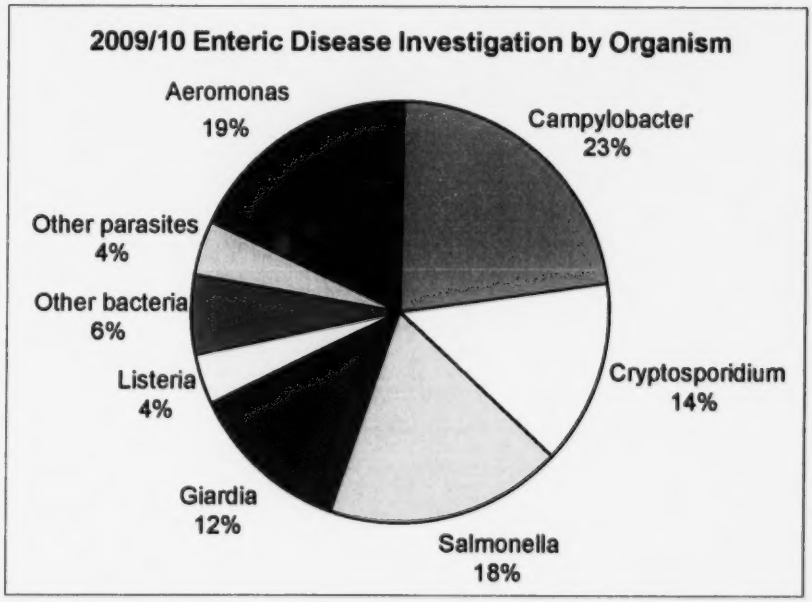
Table 13 - H1N1 Immunization coverage rates (%) by age group (as of Jan 5, 2010)

Age Group (in years)	SCHR Immunization Coverage Rate (%)	Overall Provincial Immunization Coverage Rate (%)	Range in RHAs Min and Max (%)
< 5	65	63	36 - 102
5 to 9	62	69	38 - 111
10 to 19	42	47	34 - 109
20 to 34	28	31	26 - 111
35 to 64	40	43	36 - 115
65+	61	56	43 - 131

3. Communicable Diseases

- **Enteric Diseases**
  The most common notifiable enteric disease was *Campylobacter* (23 per cent of all enteric notifications) followed by *Aeromonas* (19 per cent) and *Salmonella* (18 per cent) – see Figure 4. Public Health Inspectors in SCHR investigated 49 enteric disease reports in 2009.

Figure 4



- **Sexually Transmitted Diseases**
  Sexually transmitted diseases increased in SCHR in 2009 and appear to be partially related to the influx of the transient work force in some areas.

  - This is a 31 per cent increase from the 85 cases reported in 2008.
  - The overall Chlamydia rate was 205 per 100,000. It was 1,299 per 100,000 for the 20 to 24 year old age group. This represents 43 per cent of all SCHR cases.
  - 57 per cent of the cases were female.
  - The difference in numbers of cases among females and males is the greatest in the 15 to 19 age group.
  - 23 per cent (n=25) of the cases were in the 15 to 19 age group.
  - 43 per cent (n=48) were between 20 to 24 years of age.
  - 24 per cent (n=24) of the cases were in the 25 to 29 age group.

Figure 5

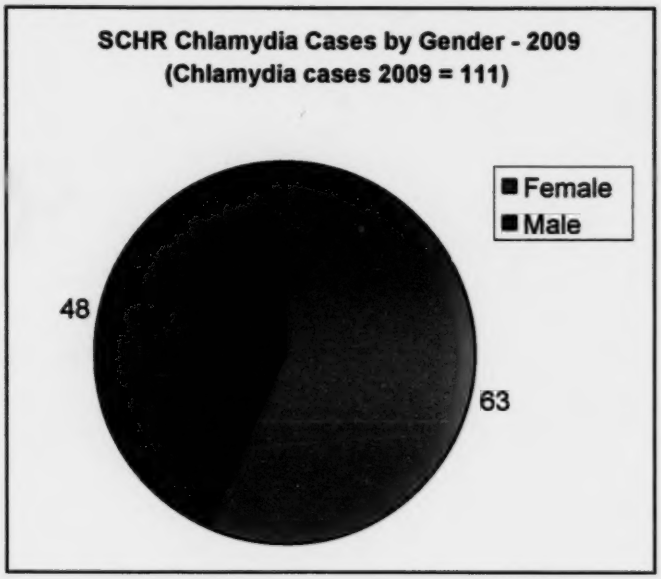
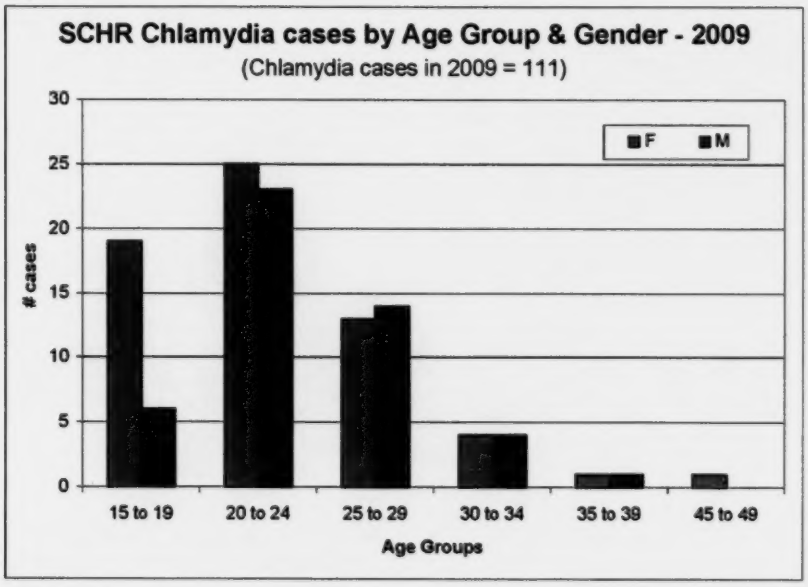


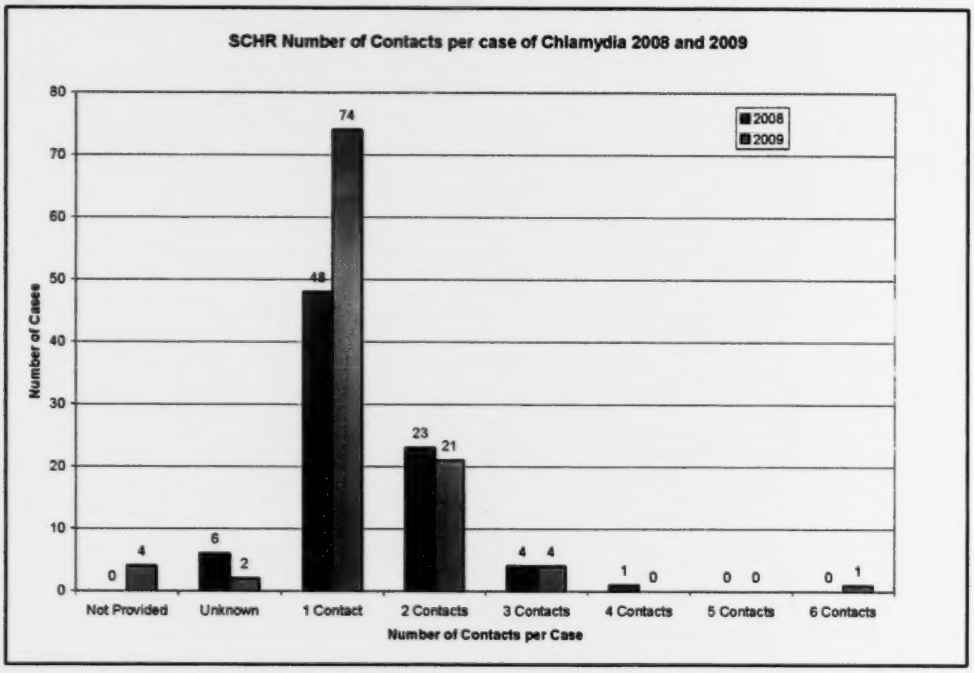
Figure 6



There were three cases of *Gonorrhea* reported in SCHR in 2009.

- **Contact Tracing for Chlamydia Cases**
  The majority of cases of Chlamydia in SCHR named only one contact for investigation. In 2009 and 2008, 69 per cent and 59 per cent of Chlamydia cases named one contact for follow-up. In 2009, 19.6 per cent of cases named two contacts.

Figure 7



- **West Nile Virus (WNV)**
  A single human case of WNV was reported in SCHR in 2009. The person is believed to have been infected in early August.
  - There were a total of 11 WNV-positive mosquito pools for SCHR between the weeks of July 25 and August 15.

4. Infection Prevention and Control

- **Selected Infection Control Indicators – Nosocomial Infections, ARO and SSI**
  Tracking of selected antibiotic resistant organisms has identified that Methicillin resistant *Staphylococcal aureus* (MRSA) rates have increased from 2007 through 2009.This increase is likely a result of the outbreak investigations, related to two facility-based MRSA outbreaks, and activities which includes identifying most people infected with MRSA in the outbreak facilities, increased surveillance for new cases and improved laboratory testing and reporting.

  - 2007 – There were seven nosocomial cases (developed inside a health care facility) identified for an overall rate of 0.03/1000 patient care days.

- 2008 – There were 13 nosocomial identified cases for an overall rate of 0.05/1000 pt care days.
- 2009 – There were 24 nosocomial identified cases for an overall rate of 0.09/1000 pt care days.

There were no reported nosocomial cases of Vancomycin Resistant *Enterococcus* (VRE) in SCHR in 2009.

Table 14 - Nosocomial MRSA Cases by Year and Quarter - SCHR - 2007 to 2009

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
2007	4	1	1	1	7
2008	4	1	6	2	13
2009	9	3	5	7	24

Table 15 - MRSA Nosocomial MRSA Rates by Year and Quarter - SCHR - 2007 to 2010

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Overall Rate per 1000 Pt Care Days
2007	0.06	0.01	0.01	0.01	0.03
2008	0.06	0.02	0.09	0.03	0.05
2009	0.14	0.04	0.07	0.11	0.09
2010	0.03				

Clostridium difficile (C. diff) is currently not a notifiable (legally required) disease in Saskatchewan. The 2008 amendments to *The Disease Control Regulations* are not passed. The case numbers reported in Table 16 reflect the cases identified by facilities and laboratories which have passively reported individual cases to Infection Control. Each case is investigated to determine if the case is nosocomial or community acquired.

Table 16 - Nosocomial *Clostridium difficile* Cases Per Year by Quarter SCHR – 2008 to 2009

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total Cases
2008	2	1	0	1	4
2009	3	1	1	4	9

The following is a list of facilities of *C. difficile* infection rates per 1000 patient care days:

Table 17 - Nosocomial *Clostridium difficile* Rates by Facility and Quarter - SCHR 2009					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Overall Rate Per 1000 Pt Care Days
WGH	0.00	0.00	0.00	0.00	0.00
St. Joseph's LTC	0.31	0.00	0.00	0.30	0.15
ERNH	0.34	0.00	0.00	0.17	0.12
NHPL	0.00	0.00	0.00	0.41	0.10
Tatagwa View	0.00	0.32	0.09	0.00	0.02
LHC	0.00	0.58	0.00	0.00	0.15
WSCH	0.00	0.00	0.00	0.13	0.04

5. 2009 Surgical Site Infections

- **Hysterectomy and C-Section Surgeries and Infections**
  Accreditation Canada requires health organizations to track surgical site infections on procedures based on highest risk, highest volume or both. The recommended procedures include hysterectomy and caesarean section surgeries.

  St. Joseph's Hospital (SJH) in Estevan performed 364 surgeries during 2009 and reported three post-surgical infections for an annual infection rate of 0.8 per cent. Weyburn General Hospital (WGH) performed 346 surgeries in 2009 and reported six post-surgical infections for an annual infection rate of 1.7 per cent.

  St. Joseph's Hospital in Estevan reported the following hysterectomy and C-section surgeries in 2009:

Table 18 – St. Joseph's Hospital – Selected SSI Rates, 2009				
Month	# Hysterectomy Infections	# Hysterectomy Surgeries	# C-Section Infections	# C-Section Surgeries
January	0	2	0	5
February	0	2	1	4
March	0	1	0	3
April	0	0	0	6
May	0	1	1	5
June	0	1	0	3
July	0	0	0	3
August	0	0	0	10
September	0	1	0	7
October	0	1	0	4
November	0	0	0	2
December	0	1	0	4
Total	**0**	**10**	**2**	**56**

  - Overall SJH Hysterectomy Infection Rate 2009 - 0/10 = 0%
  - Overall SJH C/Section Infection Rate 2009 - 2/56 = 3.6%

Weyburn General Hospital (WGH) reported the following hysterectomy and C-section surgeries in 2009:

Table 19 – Weyburn General Hospital – Selected SSI Rates, 2009				
Month	# Hysterectomy Infections	# Hysterectomy Surgeries	# C-Section Infections	# C-Section Surgeries
January	0	1	0	0
February	1	3	0	0
March	0	2	0	1
April	0	0	0	0
May	0	0	0	0
June	0	2	0	0
July	0	0	0	0
August	2	3	0	0
September	0	0	0	0
October	0	2	0	0
November	0	4	0	0
December	0	2	0	0
Total	**3**	**19**	**0**	**1**

- Overall WGH Hysterectomy Infection Rate 2009 - 3/19 = 15.8%
- Overall WGH C/Section Infection Rate 2009 – 0/1 = 0%

6. Outbreaks

- **Health Care Facility Outbreaks in SCHR, 2009**
  The following section is based on information collected retrospectively from the reporting of outbreaks in SCHR facilities. It covers the time period from January 1, 2009 to December 31, 2009.
  - Information was collected on a total of 27 outbreaks in SCHR.
  - The outbreaks are categorized into three categories: respiratory, gastric or "other."
  - The "other" category of outbreaks includes outbreaks of antibiotic-resistant organisms.

The distribution of the 27 outbreaks by facility type is shown in the accompanying chart. The majority of outbreaks reported in 2009 occurred in Long Term Care (LTC) Facilities (22 out of 26, 85 per cent).

Figure 8

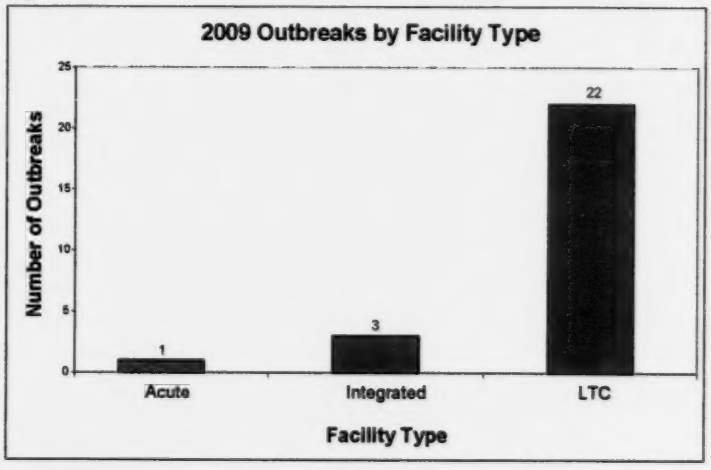


Figure 9 illustrates the type of outbreak by type of organism with the majority of outbreaks being respiratory (19 of 26, 73 per cent).

Figure 9

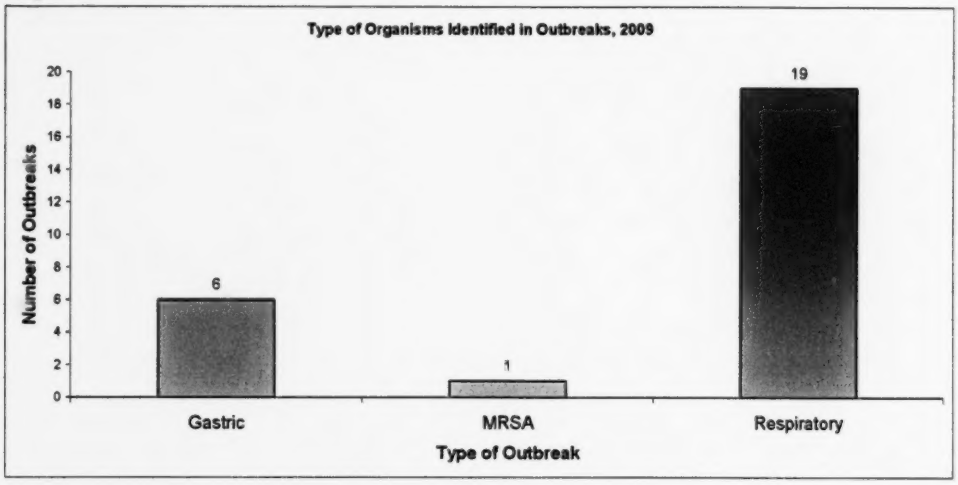
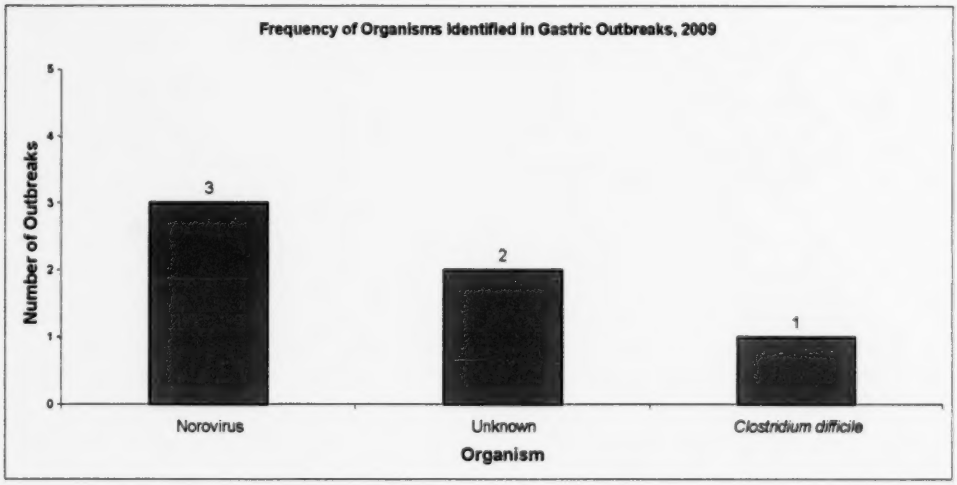


Figure 8 and Figure 9 provide information about the types of organisms causing enteric and respiratory outbreaks in 2009. In 2009, there were six enteric outbreaks, 19 respiratory outbreaks and one outbreak of MRSA. In three outbreaks, more than one organism was identified. The figures display the number of outbreaks in which each organism was reported and therefore exceed the total number of outbreaks reported.

Figure 10



Norovirus was identified in three of the six (50 per cent) enteric outbreaks, *Clostridium difficile* was identified in one outbreak and no organism was identified in the two other enteric outbreaks.

Figure 11

Entero/Rhinovirus was the most common respiratory pathogen identified in SCHR facility outbreaks in 2009 and was identified in seven of the 22 (32 per cent) respiratory outbreaks. Respiratory syncytial virus (RSV) and Parainfluenza were the second most common pathogens and were both identified in four of the 22 (18 per cent) respiratory outbreaks. In five of the reported respiratory outbreaks, there was no respiratory organism identified.

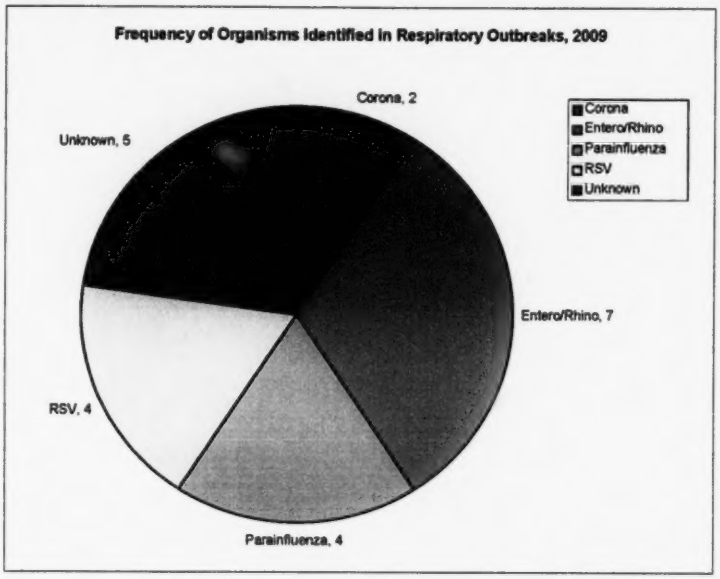


Table 20 summarizes a number of outbreak parameters[1] by the type of outbreak:

- The number of staff and resident/patient cases (minimum to maximum) and the average number of cases per outbreak type.
- The outbreak duration[2] (range and average) in days.

Table 20 - Specific Parameters by Outbreak Type, 2009

Outbreak type	Enteric	Respiratory	Other
Duration – Range (days)	2-10	2-41	N/A
Duration – Average (days)	7	13	N/A
Total Cases – Range	3-45	3-57	7
Average Number of Cases/Outbreak	14	18	7
2009 Outbreak Related Deaths	1	1	0

[1] Information on these outbreak parameters was not complete in every summary report.
[2] Duration of outbreak – the number of days between the Onset Date of the index case and Onset Date of the last case meeting the outbreak definition (Saskatchewan Outbreak Notification and Summary Report – July 2008).

A total of two deaths were attributed to the reported outbreaks. One death occurred during an enteric outbreak with no pathogen identified and the other death occurred during an RSV outbreak. Both deaths occurred during outbreaks in Long Term Care Facilities.

- **Influenza Outbreaks (January 1, 2009 to December 31, 2009)**
  There were no reported influenza outbreaks in SCHR facilities in 2009.

7. Health Protection

- In 2009-2010 the Public Health Inspectors (PHIs) in SCHR provided a wide range of services as part of their legislated and non- legislated responsibility to protect the health of SCHR residents.
  - 361 Public Eating Establishment inspections.
  - Nine FoodSafe (food handler) classes were held throughout the Region. 164 people received FoodSafe certificates. An additional 21 people took an on-line version of the course and were also certified.
  - 70 people took the SCHR short food handler training course for volunteers in two classes.
  - There were 580 other inspections in SCHR covering food, water and accommodation premises.
  - There were 50 subdivision approvals and 264 plumbing inspections.
  - Two Swimming Pool Operator courses were also held, with 24 participants.
  - 116 animal bite investigations in 2009.
    - There were a total of eight cases where rabies post-exposure prophylaxis was recommended.

During the H1N1 pandemic, Public Health Inspectors and Health Promotion staff promoted the Bug Out campaign in schools throughout the Region and presented the program to classrooms and student assemblies.

PHIs were also instrumental in community clean up campaigns and competitions in Weyburn and several other communities.

PHIs participated in the Upper Souris Watershed Technical Committee, the Southeast Saskatchewan Air Shed Committee, City of Estevan Emergency Preparedness Committee and the City of Weyburn Environment Committee.

Active 8 promotes a safe workplace: Naomi Hjertaas, Manager of the Redvers Health Centre, says the Active 8 program offered by Corrie Schultz, Physical Fitness Coordinator, Sun Country Health Region, has been well received by a wide cross-section of employees in Redvers. Employees of all ages and fitness levels have signed up for their individual assessments. "Corrie's role as facilitator greatly enhances the program," says Naomi. "Her ability to connect with the employees and encourage each to work towards increasing and enhancing his or her personal physical activity program is making the Active 8 program a great success. This is a win-win opportunity for Redvers." From left to right, seated are: Aggie Frecon, Dietary; Sandy Russell, Dietary; Jeff Sanborn, Maintenance; Linda Perreaux, Housekeeping is on the ball. From left to right standing are: Corrie Schultz, Naomi Hjertaas, Val Patron, Activities; Sharla Kerntopf, Laundry/Housekeeping; Kathleen Malin, Home Care.

2009-10 Performance Results

The Ministry of Health has set annual accountability expectations of SCHR for performance monitoring, regular reporting and performance assessment. While there are a number of performance management accountability indicators managed within the various divisions of the Ministry of Health, a subset of these are provided to SCHR quarterly as the Performance Management Dashboard.

The Dashboard is divided into four discrete sections to provide a balanced perspective of SCHR performance.

SCHR's Strategic Plan 2008-11 is articulated in the context of four over arching Goals. These four goals line up directly with the Performance Management Dashboard quadrants.

SCHR Goals

1. Access to a defined range of quality health services through an integrated, coordinated and collaborative care model and provide a culture of patient/resident/client safety.
2. Healthy environments are promoted that allow residents of Sun Country Health Region to live healthy lifestyles.
3. SCHR is a healthy, safe workplace able to attract, support and retain a competent, skilled and engaged workforce.
4. Sun Country Health Region provides health services through a sustainable, efficient and accountable system.

SCHR reviews performance in the context of its Strategic Plan and the Performance Management Dashboard acts as a useful tool in providing relevant measures supported by Provincial Comparisons. This allows for both inter Regional and intra Regional performance measurement.

Goal 1 – Access to Services

Access to a defined range of quality health services through an integrated, coordinated and collaborative care model and provide a culture of patient/resident/client safety.

Results: To reduce to zero the number of people waiting 12+ months for surgery.

Sun Country Health Region has 20 people waiting for surgery 12+ months, with another 24 people waiting for surgery for that time period at St. Joseph's Hospital in Estevan (an affiliate). Itinerant surgeons provide services two times per month, restricting the ability to reduce that waiting list quickly. The Region will create a strategy to target those waiting over 12 months to reduce the list to zero.

Patients waiting 12+ months for Surgery				
Sun Country Health Region	2008-09 volume	2009 - 2010		
		Target	Achieved	Per cent achieved
	654	640	563	88 per cent

Results: Addiction Services

SCHR Addiction Services continues to be in demand - 714 clients received services in the 2009/2010 fiscal year, with 219 receiving services through St. Joseph's Hospital Addiction Services in Estevan and 495 via SCHR Addiction Services. The average case load for staff is 45 clients. Referrals are received from Mental Health Services, S.G.I., physicians, legal system, education, Social Services and many are self referred.

Addiction Services continues to refer out of region for detoxification and inpatient treatment services.
The demand for in-school substance abuse/addiction education and counselling services continues to increase with youth counsellors providing services in both city and rural schools on a regular basis as needed.

2009-20110 was the first year for the new Community Supports Program. The additional funding provided by the Saskatchewan Ministry Health for this program allowed Addiction Services to hire 1.5 staff, rent two apartments in Estevan and develop a transitional recovery program providing intensive, structured, supportive recovery services to adult male and female relapse prone individuals requiring intensive long term care.

Clients may remain in transitional housing for up to one year. The program has been well received and early indicators exhibit client success. An additional two bedroom apartment has been added for 2010 - 2011.

This year, the program provided transitional housing to nine individuals, three of whom successfully completed the program and three of whom continue living in the Supportive Housing Program.

Wait times for services are manageable. SCHR clients are generally seen within one week and St. Joseph's Hospital clients within two weeks. Those client's needing urgent services are prioritized and can be seen much quicker.

Results: Chronic Disease Prevention and Management

Positive outcomes for chronic conditions are achieved only when patients and families, community partners, and health care teams are informed, motivated, prepared, and working together. Several initiatives to improve the care of people with chronic conditions have been implemented in Sun Country Health Region within the past year, focusing on promoting continuity and coordination of care, organizing care teams and providing the teams with skills training and equipment, and supporting patients to be motivated and skilled in the management of their chronic condition. Many of the improvements have been realized with no additional staffing resources. Rather, care teams have learned how to work differently to improve both quality and access to care. The improvements include:

- Early Detection Chronic Kidney Disease (CKD) – Pilot project: An interdisciplinary care team has been established, including a diabetes nurse educator, dietitian and pharmacist. The team helps patients in the early stages of kidney disease develop the skills needed to manage their condition. The team works closely with the patient's family physician as well as the Regina CKD program. Patient progress is documented in the same electronic database used by the Regina program and the nephrologists. If a patient's kidney function deteriorates and requires the care of a nephrologist, the health record is readily available, allowing seamless care.

- Chronic Obstructive Pulmonary Disease (COPD): Two teams from SCHR are participating in Health Quality Council (HQC) Chronic Disease Management Collaborative (CDMC) II focusing on COPD. In order to accurately diagnose COPD, lung function must be assessed by spirometry. Care providers have received training to conduct spirometry testing and how to interprete the results. Four additional spirometry testing sites have been added in the Region. SCHR Pulmonary rehabilitation is the most effective therapy for improving shortness of breath and quality of life. SCHR's Therapy program is developing the first pulmonary rehabilitation program to be offered in the region. Care teams develop action plans with patients. The action plans help patients to identify if their condition is deteriorating, if their medications may need adjustments and when to seek follow up care by their primary care provider. The aim is to reduce emergency room visits and hospital admissions and to improve the patient's quality of life.

- Depression: The four teams from SCHR are participating in HQC CDMC II focusing on depression. Team members include physicians, nurse practitioners, mental health social workers, mental health nurses, occupational therapists and home care nurses. Using the Antidepressant Skills Workbook, a self-care depression program, clients learn to self-manage their illness. Interdisciplinary case conferences improve the continuity of care and the access to specialists.

- Diabetes: Consistent Use of Best Practice, Quality Inpatient Care and Spread of Interdisciplinary Teams are three improvement priorities that three Sub-Committees of the Diabetes Working Group have been addressing. Specific changes to improve the quality and safety of patient care include: standing orders for diabetes laboratory tests; prep-written physician orders for an insulin correction scale and updating regional Diabetes Management Guidelines and clinical pathways. The diabetes nurse educator position has been increased to 1.5 days from 1, allowing Diabetes Clinics to be routinely scheduled in Weyburn, Estevan and Oxbow.

- Peripheral Vascular Disease (PVD): A pilot Vascular Clinic was established at the Carlyle Primary Care Clinic. The interdisciplinary team includes a nurse practitioner, occupational therapist and Home Care nurse. The aim is early identification and management of risk for PVD in order to slow the disease progression and prevent wound development. A patient's risk is assessed by ultrasound. Prevention strategies may include compression stocking, diabetes and hypertension management, and smoking cessation.

  An Inventory of Chronic Disease Management programs and locations was developed to improve the community's access to programs and to inform program planning in the Region. Quality indicators are being developed within all Chronic Disease programs and will include measures of improved access, quality, patient safety and client satisfaction.

Results: **Palliative Care**

A formal review of the Regional Palliative Care Program resulted in recommendations regarding general palliative education and specific client consults with Palliative Care Coordinators. From the recommendations various changes or clarifications were made to the palliative admission process: all referrals to the Palliative Program come to Home Care (aligned with all community-based Home Care referrals).

Generous donation: Representatives of Sun Country Health Region accept $10,000 from ARC Resources. From left are Dawn Knibbs, Medical Lab Technician; Carolyn Andrews, Sun Country Health Region Regional Director of Labs; Marga Cugnet, Sun Country Health Region Vice President, Integrated and Primary Health and Jim Hillstead, representing ARC Resources. The donated funds will be used to replace the Holter monitors at the Weyburn General Hospital. The monitors measure heart rate.

Goal 2 - Healthy Environments

Healthy environments are promoted that allow residents of Sun Country Health Region to live healthy lifestyles.

Results: Nutrition policies

Off-reserve schools throughout Saskatchewan were asked between 2006 and 2008 if they had written healthy/nutrition food policies/administrative procedures.

During the three years, less than 10 per cent of schools and only one out of five school divisions had healthy food/nutrition policies. In 2006, 2.1 per cent of schools within SCHR had written policies.

In 2007 this increased to 8.7 per cent and then decreased to 6.67 per cent in 2008.
In 2009, this survey was suspended provincially and the information was not collected within SCHR.

In October 2009, the Saskatchewan Ministry of Education released the report Nourishing Minds Towards Comprehensive School Community Health: Nutrition Policy Development in Saskatchewan Schools. Within the document, it is stated that Education Boards are expected to "adopt and fully implement policies" consistent with healthy food guidelines.

As of December 2009 there were two out of five (40 per cent) schools within SCHR with healthy food/nutrition policies. This includes 15.6 per cent (seven schools) of schools within SCHR. The remaining three schools (60 per cent) are in the process of developing and implementing division wide nutrition policies.

The Public Health Nutritionist provides support to school divisions in the creation of policies and administrative procedures.

Results: Stroke Care in Hospital

Patients hospitalized in Sun Country Health Region were more likely to survive for 30 days after a stroke than patients across Canada (10.6 per cent vs. 17.7 per cent).

Just under 17 per cent of Saskatchewan patients admitted to hospital for stroke between 2006 and 2009 died in hospital from any cause within 30 days of admission. (The provincial rate is consistent with the Canadian rate of 17.7 per cent).

The rate (30-day stroke in-hospital mortality rate) is an indicator of the effectiveness of treatment and quality of care.

Results: Falls Prevention

Falls have been identified as the one of the leading causes of hospital admissions due to injury in Saskatchewan. Sun Country Health Region, working with Safe Saskatchewan and other provincial stakeholders, has established a Falls Prevention Program designed to increase the awareness, knowledge and capacity of health professionals to identify seniors at risk for falling.

Over 75 per cent of Home Care staff has been trained in the functional client test – Timed Up and Go (TUG) and falls risk interventions.

The program uses a team approach to provide Home Care clients with strategies to reduce falls and injuries related to falls. The client can access the services of the Home Care staff, Therapies Department, dietitians, pharmacists, mental health workers and his/her physician for assistance with the specific issues that may have caused a fall or increased the risk of a fall.

SCHR expects the program will be in place for 80 per cent of at-risk clients by 2011.

Results: Regional Intersectoral Committee (RIC)

Sun Country Health Region has been a key player in the development and support of Asset building initiatives. The Health Promotion department and the Regional Intersectoral Committee (RIC) have been active in providing 40 Developmental Asset tools and information to schools and communities throughout the Region. As a result, some exciting initiatives have begun to take shape.

- An action plan for Carlyle and area to support the 40 Developmental Assets
- Working with Estevan Comprehensive High School's "Dynamic Organization Recognizing Kids' Success" initiative.
- Working with RIC and school divisions in conducting 40 developmental surveys with children in SCHR school divisions. SCHR's share of the cost is $4,500. The school division will conduct the surveys. Results will be shared with SCHR for future planning.
- Various school Community Councils will provide Grades 4-6 students with the Search Institute's Survey, "Me and My World."

Goal 3 - Safe Workplace

SCHR is a healthy, safe workplace able to attract, support and retain a competent, skilled and engaged work force.

Results: Workers Compensation

During the 2009-10 financial year, the number of WCB lost time claims per 100 FTE continued to trend downward, albeit at a slow rate. In a region-by-region comparison, SCHR has one of the lowest numbers of lost time claims per 100 full time workers (FTE). SCHR's number of lost time claims remains 18.5 per cent lower than the overall average of the group.

In addition, the lost time days per 100 FTE of claims by employees in SCHR has also decreased by over seven per cent from 2008-09.
Despite this, SCHR workers remain among the higher users of lost time days in health care in Saskatchewan, being 11 per cent above the average of all reporting Regions for 2009-10.

One reason for this longer duration is that a growing number of work injuries are to the shoulder and back which requires diagnosis, therapy and possible surgery. Each step in this process can take a lengthy time to complete.

Efforts in 2009-10 focused on implementing initiatives to reduce the number and duration of WCB claims. With the intention of reducing injuries, SCHR continues to purchase patient lifts for all facilities and to educate workers in proper transfer, lift and repositioning techniques.

When a lost time injury does occur, SCHR joins with workers and unions to plan an optimum recovery for the injured worker. When needed, occupational and physical therapy assessments are completed. However, wait lists are often encountered in this, resulting in longer recovery times and longer durations of claims.

When required, vocational rehabilitation professionals are also asked to assist workers who may have to consider work or career changes because of an injury.

WCB Lost-time Claims and Days per 100 FTEs, 2009-2010				
	2008 - 2009		2009 - 2010	
	Q4	Q1	Q2	Q3
Claims (Frequency)	1.09	9.91	11.76	11.52
Days (Severity)	148.12	14.14	19.36	15.85

Results: Saskatchewan Union of Nurses FTEs

In 2009-10 SCHR showed progress in meeting its full time equivalent (FTE) over-all three-year target of 276 FTE of registered nurses. At the end of the 2009-10 financial year, SCHR was at 252.69 FTE of registered nurses.

In addition, SCHR and the Saskatchewan Union of Nurses established (SUN) a partnership to develop ideas and initiate actions to recruit and retain registered nurses across the Region.

For example, of the 76 SCHR Bursaries that were provided to students in 2009-10, 55 were provided to students who are in the Nursing Education Program. SCHR continues to provide student practicums and mentorship opportunities for nursing students who are required to take clinical placements in their final years of education.

A challenge remains in that new registered nurse graduates continue to prefer to work in larger urban centres as compared to rural facilities.

Number of SUN FTEs Added in 2009-2010	
Quarters	**FTEs Added**
Q1	251.94
Q2	248.59
Q3	253.48
2009-2010 (YTD)	**251.33**

Goal 4 - An Efficient, Accountable System

Sun Country Health Region provides health services through a sustainable, efficient and accountable system.

Results: Leave for Illness/Sickness

Utilization of sick leave hours has increased by over six per cent over the previous year. In addition, SCHR workers exceed the provincial average by 3.46 per cent in their utilization of sick leave.

The pandemic and other outbreaks have contributed to this increase in utilization, as workers were asked to not to come to work if they were feeling ill.

Sick leave has an impact on SCHR finances and productivity. In a number of situations, there may be too few relief staff to replace ill workers resulting in work shortages on a given shift and in other situations there are relief staff frequently called in to work as replacement workers to the regularly scheduled workers who become ill. This also results in additional overtime for regular workers at an increased cost as well.

Results: Wage-Driven Premium Hours by Union Affiliation

The wage premiums paid to workers in 2009-10 was essentially the same hours per FTE as premiums paid to workers last year. SCHR pays less premium pay than other Regions and is 16 per cent lower than the provincial average.
Premium pay is provided according to collective agreements where workers are required to work additional hours as there is no other available worker available to work at regular wage rates.

Situations like worker illness, worker(s) on vacation (or other leaves), lack of relief workers, H1N1 pandemic outbreak, gastrointestinal and respiratory outbreaks all contribute to having to pay overtime premium pay to workers.

In other cases such as for EMS workers who complete patient transfers to tertiary centres, the nature of the work contributes to increased eligibility for premium pay.

Wage-driven Premium Hours per Paid FTE by Affiliation, 2008-2009 and 2009-2010				
	2008 - 2009		2009 - 2010	
	Q4	Q1	Q2	Q3
Provider Group	14.96	9.91	11.76	11.52
HSAS	11.26	14.14	19.36	15.85
SUN	11.09	10.75	10.86	11.59
OOS	1.43	1.18	2.18	1.48
Total	**12.92**	**9.51**	**11.22**	**10.86**

Results: Recruitment and Retention of Physicians

Recruitment of Physicians to SCHR remains a challenge due to the limited supply of applicants and the dramatic choice that applicants have. SCHR continues to implement its recruitment efforts for Physicians both domestically and internationally.

There are varied reasons why Physicians leave a practice, including moving from a single/solo Physician practice to a group practice, improved earnings potential and to further advance their education in medicine.

In implementing its recruitment efforts, SCHR engages national and international recruitment consultants, advertises on web sites, advertises in targeted paper media forums, attends career fairs, implements and works with communities to provide financial and other incentives to establish a practice.

Results: Customer Satisfaction

The plan for customer engagement and service was approved by the SCHR Board in December 2009. Resources have been assigned for the development of this framework and a budget has been assigned.

The Human Resources Department has drafted training and orientation materials, with training to being once staff vacancies are filled.

Background information has been compiled and summarized. Baseline data from the Patient Experience Survey has been summarized.

The Patient Experience Survey is a provincial satisfaction survey for acute care patients. The survey questions focus on communication with doctors and nurses, discharge information, cleanliness of rooms and bathrooms, patient safety, pain control, care transitions, and communication about medications. There are also questions on elements of customer satisfaction including communication, honesty and trust, respect, and being a partner in care decisions.

Three customer focus groups have been conducted in SCHR, at service group/club meetings. The public was also made aware of the focus groups through a news release and invited to contact the Regional Director, CQI and Strategic Planning if they were interested in participating.

Staff members have been made aware of this initiative and will continue to be involved in the development of customer service strategies. Staff members will be asked about more specific ways and strategies in which SCHR can respond to customer expectations.

The Human Resources Department has drafted customer service training materials. Information from the focus groups will be used to enhance the materials with Region-specific information on customer service expectations and customer experience stories. SCHR values will be used to summarize the customer service expectations.

A preliminary report on customer service expectations was prepared after the completion of the first three focus groups. An excerpt of this report is found below:

- The engagement process and opportunity to provide input have been appreciated.
- Participants needed to consider and become familiar with the notion of being a health Region "customer".
- Levels of satisfaction ranged dramatically from three to 10, where 10 is the highest level of satisfaction.

SCHR was complimented for the following service aspects:

- Facilitating reasonable referral times to special professionals and services.
- Having professionals travel to SCHR communities.
- Caring and "bubbly" staff, particularly in long-term care facilities.
- Answering questions about conditions and treatment.
- Responding to and following-up from emergencies.

SCHR was criticized for:

- Failing to meet surgical needs locally.
- Forcing residents to travel to larger urban centres for certain services, tests and procedures with the related requirement for residents to take time away from work.
- Cramming "as many patients into a day as possible".
- Leaking confidential information.
- Retaining professionals and lacking availability on weekends specifically.
- Timing required to schedule appointments.
- Differing level of services across communities.

Both customer and staff satisfaction will be monitored. Targets are to be established.

Percentage of SCHR Patients rating the hospital where they received their care as the best possible hospital), April 2009 – March 2010:

- April to June 2009 – 40 per cent
- July to September 2009 – 43 per cent
- October to December 2009 – 37.6 per cent
- January to March 2010 – not available

Results: Facility Replacement Projects – Radville, Redvers and Kipling

Since the Minister's announcement of replacement facilities in early 2009, considerable effort has been made to move these three projects through the 18 Step, Ministry of Health Capital Process.

Through a collaborative approach between the key stakeholders, a milestone was reached in early 2010 in reaching agreement on the scope, including bed numbers of all three projects. This allowed the finalization of Functional Programs for each of the facilities.

Functional Programs are an integral element of the Capital Process. They study each component comprising the new facility both independently but also in relation to inter-component linkages and facility-wide support and operational systems in the context of efficiency, effectiveness, sustainability and Ministry of Health established guidelines and standards. These programs ultimately guide the work of the architects in developing, first, schematic design and then detailed design and specifications.

The Functional Programs are under review by the Ministry of Health and as one or more are approved, they will immediately move to the schematic design phase. Stantec Architecture has established three full teams so that any one or all projects can proceed on approval.

With regard to the Kipling project, it is proposed as an integrated facility replacing both the Acute Care Hospital and the Long-term Care Facility, Willowdale Lodge. This is beyond the scope originally contemplated, which was the replacement of long term care beds only. However, there is agreement among the stakeholders, including the Ministry of Health, that an integrated project is most logical.

Financial Summary

2009-10 was a unique year financially for the Sun Country Regional Health Authority (SCRHA), as it posted a deficit of $25,477,576, which was offset by the use of capital funds to cover these operating expenses.

Responding to extraordinary financial pressures on the government, the Ministry of Health deferred some capital funding for health facilities that were not yet ready for construction. Sun Country Health Region had already received funding from the Ministry to plan and construct three replacement facilities. The Ministry reduced the Region's 2009-10 operating grant by $26.1 million (the amount of construction funding that could be deferred to the future), and authorized the Region to pay a corresponding amount of operating expenses from money that was set aside for future capital expenses. The government has committed to provide capital funding for the facilities when the projects are ready for construction.

Overall, revenues were lower than the 2009-10 budget ($19,562,486 or 16.2 per cent) due to:

- Decreased funding from the Ministry of Health ($20,536,243 under budget) which is due to $26.1 million decrease in general funding offset by specific funding for costs associated with the CUPE retroactive collective agreement settlement to March 31, 2010 of $5,297,000 and Pandemic expense reimbursement in the amount of $403,000.

- Patient Fees have increased from budget by $375,217, or 3.5 per cent, for two reasons: an increase in EMS calls that were offset by increased service costs and a larger than expected long term care revenues. SCRHA budgets conservatively for long term care revenue. As a result, unplanned revenue was used to offset unbudgeted expenses.

- Out-of-Province revenue decreased slightly from last year ($74,315 or 12.2 per cent) but is over budget ($134,027 or 33.3 per cent) due to transient employment activity in the Region. Residents of other Provinces requiring hospital services generate additional revenue through a reciprocal agreement between Saskatchewan and the other Provinces.

Salaries were over budget by $5,571,927 (8.1 per cent) due to accruing the CUPE retroactive settlement and over budget spending in sick time. However, this was partially offset by a number of staff vacancies.

Drugs have decreased from budget by $76,066 (14.7 per cent) due to efficiencies through the regionalization of distribution of drugs, and a decrease in the use of more expensive drugs where not indicated.

Housekeeping Supplies increased from budget by $31,627 (11.2 per cent) due to Pandemic.

Laboratory Supplies increased from budget and prior year (61,615 or 11.3 per cent and 79,712 or 15.2 per cent) due to and increase in procedures performed.

Utilities have decreased from budget and prior year ($270,246 or 12.2 per cent and $291,286 or 13.1 per cent) due to a mild winter and the realization of savings from the Energy Performance Contract initiated in 2009 and reduced natural gas pricing through a third party annual contract.

Future Outlook/Emerging Trends

SCHR is committed to meeting the organizational and program specific expectations as set out in the Accountability Document.

SCHR will continue to provide effective, comprehensive and an equitable range of health services to the residents of the Southeast within available human, physical and financial resources. Some key challenges and strategic initiatives for 2010-11 include:

The 40 Developmental Assets

Assets are 40 key building blocks or factors that help children, youth and families grow up healthy. The more assets they have, the more likely they are to avoid at-risk behaviors and succeed in life.

The 40 Developmental Assets is an initiative that includes external assets of support, empowerment, boundaries and expectations and constructive use of time and internal assets such as commitment to learning, positive values, social competencies and positive identity.

Future prospects for SCHR will be to continue being a key player in the development and support of Asset-building initiatives in partnership with Social Services, Education, Justice and First Nations who are all members of the Regional Intersectoral Committee (RIC), school divisions and communities.

SCHR will build on these strong collaborations and partnerships in the future. The Regional Intersectoral Committee is working in partnership with School Divisions in SCHR to conduct 40 developmental asset surveys with children in the SCHR.

Future prospects will include the development of action plans based on the results of the surveys. Presentations are being developed for releasing the results of the survey that will engage community, parents and staff in asset building with the children in various schools within SCHR. Enhancements will also be made to the Developmental Asset Media Campaign.

Management has based its assessment of future prospects on the assumption that the strong success of the initial actions appear to indicate that future prospects for this initiative will be successful. SCHR will continue to build partnerships with key stakeholders. The Region believes in the importance of prevention, solution finding, identifying root causes of problems and working together so that people can change the conditions affecting lives that may be beyond their individual control. The partnership is evolving into shared ownership for problems or issues, and shared responsibility for solutions.

The main risk in achieving the objectives is not having adequate manpower to sustain the initiatives.

The future capacity needs will be to enhance current initiatives and implement new initiatives from the 40 Developmental Assets that will strengthen capacity of families to function effectively, meet the developmental needs of their children and contribute to community and society. They will also ensure every child comes to school ready to learn through enhanced early learning and care supports will require ongoing support.

Other future capacity needs will be to enhance the outcomes for all initiatives related to children, youth and families in SCHR through co-operation and collaboration, building on the strengths and resources of human service partners and communities.

Future trends include Saskatchewan as the fourth highest area in the world for number of initiatives based on the 40 Developmental Assets. Saskatchewan, including SCHR, will be a leader in asset-building initiatives.

In the past four years, workshops and information sessions have been delivered to well over 4,000 people in the province. Most recently, the Ministry of Health has hosted a training of trainers in the Essentials of Asset Building. As a result, Population Health employees throughout the province are beginning to utilize the model within their regions to improve the lives of citizens of Saskatchewan.

The Health Promotion department continues to develop the media campaign to highlight developmental assets opportunities.

Future planning will include SCHR partnerships with the school divisions and the KidsFirst Community Developers regarding the surveys that have qualified SCHR to register for Search's Healthy Communities Healthy Youth status. The benefits to this status include such things as staff recruitment, community promotion and tourism, as well as the benefit of a pre-existing partnership for grant proposals, not to mention the benefit to the youth in the community.

Immunization rates

The future prospects for SCHR will be to continue improving the immunization coverage rates in the citizens, the residents of long-term care facilities and our employees. This has been a priority for the last five years. SCHR has some of the highest immunization coverage rates in the province, including its routine childhood immunization program rates and its influenza and pneumococcal program coverage rates for residents. SCHR has annual seasonal influenza immunization coverage rates among its employees that exceed almost all published reports in the literature.

The prospects are excellent for maintaining these rates but will require ongoing investment through the partnerships established. Even with the challenges of delivering many of these programs during the simultaneous delivery of the mass H1N1 influenza campaigns, SCHR maintained its coverage rates.

Management has based its assessment of future prospects on the following assumptions:

- That existing resources will be maintained or augmented. Enhancing the employee influenza coverage rates and other employee health vaccine coverage rates will likely require additional investments with the new introduction of vaccines (usually more costly), changing and expanding vaccine recommendations and changing provincial program parameters.
- The review of the employee health immunization program will continue as the renewal of the SCHR orientation process proceeds.
- In the past, the Saskatchewan Ministry of Health has provided funding to RHAs for program delivery when new vaccines are introduced. If this was to change, there would be program impacts. The pertussis program is being enhanced.

The future risks for SCHR in achieving its objectives are that existing resources will be not be maintained or augmented and that the Saskatchewan Ministry of Health will provide reduced funding to RHAs for program delivery when new vaccines are introduced. SCHR will manage these risks by reviewing the community health priorities, realigning priorities and working with partners to ensure key priorities are achieved.

The future capacity needs for SCHR will be to maintain or augment existing resources given the increasing vaccine programs, complexity of vaccine issues, requirements based on national guidelines/standards, development of new benchmarks, and the elimination of the Saskatchewan Ministry of Health vaccine sales program.

With the high coverage rates in SCHR, most of the capacity will need to focus on maintaining rates. Achieving significant gains will be challenging given that many of the rates already exceed 80 per cent.

SCHR views the new trends in vaccines, new vaccine schedules; new indications for vaccines emerging annually given the interest in disease prevention, new vaccine technology and the high cost-effectiveness of vaccines will have an impact on its ability to continue to move forward in this area. SCHR's capacity to act on these depends on health system resources, public interest (balanced against the anti-immunization movement).

The following initiatives will affect future planning cycles for SCHR:

- Discussions about universal seasonal influenza program for the fall of 2010 are occurring.
- Increased focus on employee health as part of the increasing activity provincially on infection control standards.
- The National Advisory Committee on Immunizations has released a number of statements on enhancements to vaccine programs (e.g. adolescent booster of meningococcal vaccine, varicella vaccine schedule changes) which may lead to changes from the Saskatchewan Ministry of Health.

Impact of Demographic Factors on SCHR

Three key demographic factors impact on service provision and human resources in SCHR:

a) the transient population
b) the aging population
c) the "urbanization" of the population.

According to the 2006 census data, almost 25 per cent of SCHR's working population worked in "occupations unique to primary industry." The great abundance of primary industry in the Region is likely one of the main reasons for the transience that is being seen in the population. A transient population can have impacts on many health and social components, including an increase in some communicable diseases and a decrease in the health and mental well-being of the children in the Region. The continuing development of primary industry, specifically the oil and gas sector, in the region may lead to challenges in health care delivery in SCHR.

Given the Region's low birth rate, aging population, "urbanization" of the agriculturally-based economy and lack of large urban centres, it is likely it will see a reduction in the population in many communities in the future while the proportion of the population over 45 will continue to increase.

- Rural youth are relocating to the larger cities for post-secondary opportunities. They may remain in the larger urban centres because of enhanced employment and educational opportunities.

Informal social support networks are vital and abundant in SCHR but it may be increasingly difficult for those remaining in these sparsely-populated, rural areas to provide informal supports such as recreational opportunities/facilities, care for aging parents, child care, parenting support, emotional support and others.

- At the same time that informal supports are under pressure with these demographic changes, the aging population is increasing its reliance on formal support systems, such as health care.

SCHR expects the current demographic trends, health status indicators and economic trends will continue in the near future and the key factors identified here will continue to have the largest impact on health service delivery priorities and challenges.

Over the next decade the development of Telehealth and primary health care sites will be a key component of SCHR's service delivery. *Ambulatory care sensitive conditions* are considered to be an indirect measure of access to appropriate primary health care.

The acute care hospitalization rate for ambulatory care sensitive conditions (where appropriate ambulatory care prevents or reduces the need for hospitalization) for SCHR was 603 acute care hospitalizations per 100,000. The SCHR rate is higher than the rates for Saskatchewan at 486 and Canada at 320 hospitalizations per 100,000.

PAYEE DISCLOSURE LIST

For the Year Ended March 31, 2010

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

ABDAI, GAIL	95,524
AKINS, SHENAN	106,219
ALELUNAS, PAT	98,634
ALEXUS, SHANNON	79,742
ANDERSON, CAROL	80,511
ANDREWS, CAROLYN	92,472
ASHWORTH, CHRISTINE	53,225
AVERY, SHELLEY	63,551
BAHSLER, KRISTIN	54,061
BAHT, JODI	74,226
BAKALUK, RANDALL	57,186
BAKKE, LORNA	99,593
BALOG, KIMBERLY	94,522
BARNABAS, IDA	104,566
BARSI, DOROTHY	81,690
BARSI, JEAN	71,468
BARTLETT, DELEE	59,406
BATES, MARJORIE	73,428
BATTERS, SHARON	66,376
BAUN, SHERI	61,477
BEAHM, JAN	83,363
BEATTIE, KELLY	79,466
BEAUDRY, DEBORAH	88,477
BEDORE, TRACY	66,693
BELIVEAU HILL, KAREN	70,221
BELKE, BRADLEY	94,860
BIEBERDORF, NATALIE	86,025
BLACKSTOCK, BERNIE	86,398
BLEROT, KARLA	56,545
BLEZY, DIANNE	52,336
BODE, JEAN L	84,271
BOSTOCK, KRISTA	86,241
BOUTIN, AGNES	110,871
BOUTIN, FRANCES	56,871
BOWMAN, LINDSAY	53,334
BRAATEN, LUCILLE	54,403
BRADY, MARILYN	52,226
BRESCIANI, DOUGLAS	92,472
BROWN, CAROL	88,256
BRUMFIELD, BARRY	56,152
BRUNEAU, LOUISE	91,696
BUCKINGHAM, JOAN	65,605
BURAK, BRENDA	84,924
BURGESS, SUSAN	65,553
BYE, CANDY	94,789
CAMERON, VALERIE	67,004
CHARLES, LAUREL	78,056
CHEYNE, LOIS	55,850
CLARK, BARBARA	64,238
CLARK, COLIN	54,149
CLARK, SUSAN	63,283
CLAUDE, MIKE	74,112
CLEASBY, SANDRA	101,044
COAD, SUSAN	51,479
COBB, LENORA	110,042
COFFEY, LOIS	103,058
COLE, LAURIE	83,335
COLLARD, CLEMENT	84,762
COLLARD, MARIE	101,630
COONEY, DONNA	102,292
CORKISH, ROBYNN	55,169
CORNISH, MARNELL	103,448
CRASSWELLER, PATRICIA	81,414
CROSS, KENNETH	76,382
CROSS, SHANNON	85,273
CUDDINGTON, DENISE	50,034
CUGNET, HEATHER	50,740
CUGNET, MARGARET	230,187
DAENCKAERT, VERONICA	66,970
DAKU, JEAN	99,527
DALZIEL, TAMMY	50,834
DANYLUK, SYLVIA	88,438
DAVIS, BOBBI JO	55,721
DAVIS, CATHERINE	58,310
DAVIS, DONNA	54,760
DEREN, MARY	73,518
DEROOSE, JUDITH	84,970
DEVRIES, LORIE	77,676
DEW, CATHARINE	69,283
DEW, HEATHER	70,867
DIXON, JEANNETTE	55,140
DOMES, DAWNE	66,278
DORNIAN, SUZANNE	51,955
DORSCH, HELENE	84,073
DREBNICKI, STACEY	75,922
DROZARIO, CHRISTINE	85,243
DUECK, ROBYN	71,581
DUFFUS, LINDA	90,031
DUNCAN, ALISON	91,413
DURANT, DONNA	53,742
DUXBURY, LAVAUGHN	50,416
DYNNA, JOAN	53,932
EALEY, PAULA	57,166
EARL, SHAUNA	57,584
EAST, DEANNA	53,573
EASTON, COLLEEN	99,582
EBEL, JANET	86,309
EDDY, CHARLES	87,123
EDDY, KELLY	87,736
EDDY, SHAUNA	59,008
EDWARDS, MELANIE	53,724
EHMAN, DON	167,056
ELIAS WHITE, JENNIFER	84,945
FARNDEN, JOANNE	94,843
FARRELL, NANCY	57,552
FEDAK, STEPHANIE	72,037
FICHTER, TAMARA	57,754
FILLION, ERIN	53,470
FISH, KELLY	80,382
FISTER, VALERIE	64,462
FLECK ZEPICK, KARYN	64,845
FOLBAR, CHRYSTA	74,683
FORD, NICOLA	56,621
FORNWALD, JUDITH	99,956
FORSETH, SHARON	57,806
FOX, MARVIN	73,728
FRANK, DEBRA	64,119
FRAZER, REJEANNE	56,925
FREEMAN, BRENDA	60,089
FULAWKA, CHRISTOPH	59,483
GABRIEL, MAUREEN	108,709
GAMMACK, M RUTH	53,124
GARVEY, CARON	89,263
GECOSALA, CYNTHIA	98,344
GERESOLA, FEBE	51,601
GERVAIS, JANIS	75,496

GESSNER, KATHLEEN 50,736
GIBSON, JENNIFER 69,728
GIBSON, SUZANNE 68,445
GIBSON, SYLVIA 96,375
GIRARDIN, THERESA 90,615
GIROUX, JANICE 163,212
GODENIR, PAULETTE 61,411
GOERES, MURRAY 120,490
GONZALEZ, MAYRA 60,675
GOODING, WENDY 69,999
GORDON, LINDA 93,315
GREEN, DIANNA 86,235
GREENBANK, JENNIENE 50,906
GREENING, JEFFERY 91,038
GRIFFITHS, MARIE 53,318
GUENTHER, CRYSTAL 82,536
GUENTHER, JILL 71,697
GUILLOUX, EDITH 90,428
GUSTAFSON, HEATHER 65,993
GUTHEIL, CAROLE B 84,115
HALLBERG, KARI 93,176
HAMMELL, LAURIE 71,547
HANSON, JUDY 57,158
HARTNESS, MELANIE 59,520
HARVEY, MARION 98,930
HAUPSTEIN, PAMELA 92,817
HEAMAN, JENNA 77,476
HELMER, JOANNE 59,824
HENRY, KAREN 91,089
HERBERHOLZ, JUDY 51,719
HERMAN, COLLEEN 64,431
HILL, CAROLINE 65,625
HILL, G RONALD 92,401
HILL, LAURIE 89,974
HILL, MARILYN 61,838
HILLSTEAD, TAMMY 59,070
HINS, PASCAL 79,741
HJERTAAS, NAOMI 91,251
HOFFART, DEANNA 77,525
HOFFART, SHELLEY 90,697
HOFLAND, TAMMY 93,579
HOIUM, CYNTHIA 90,086
HOLLINGSHEAD, JOANNE 99,124
HOLTZ, STACEY 57,286
HOUSTON, NORA 66,332
HOWSE, KEITH 64,267
HUEL, TANIA 83,769
HUME, LYNETTE 95,324
HUNTER, CHRISTINA 87,465
IRWIN, SARA 98,946
ISLEIFSON, BERTHA 53,746
JANZEN, ELAINE 87,857
JENSEN, CHRISTOPH 78,121
JOHNSON, ANNE 84,149
JOHNSON, CHERYL 93,263
JOHNSON, JOANNE 74,520
JOHNSON HALLBERG, LISA 80,599
JONASSEN, LOUANNE 81,542
KAPELL, RILLA 80,680
KAPELL, TAMARA 71,588
KATSCHKE, LORNA 84,612
KAUF, BERT 53,865
KEATING, JOSELENE 58,805
KEHLER, ANITA 76,923
KENNETT RUSSILL, DEBRA 64,519
KERR, JANE 101,770
KESSLER, PATRICIA 103,183
KETURAKIS, MARY JANE 68,133
KEW, VIVIAN 66,174
KING, HEATHER 65,262
KINGDON, STACI 54,845
KISH, GLORIA 58,911
KITCHEN, DONNA 64,619
KLEIN, SAMANTHA 82,668
KLEIN, TERRY 54,027
KNOX, JENNY 53,003
KOBITZ, SHEILA 68,799
KOLESNIK, MONICA 80,658
KOPEC, CANDACE 61,558
KOSIOR, DEBORAH 86,344
KOT, GRACE 84,670
KRAEMER, ELAINE 52,400
KRAEMER, MAUREEN 77,160
KUNTZ, BARB 64,334
KWOCHKA, TAMMY 68,224
KYRYLCHUK, JUDY 90,932
LALIBERTE, GLORIA 65,405
LAMONTAGNE, SHIRLEY 87,140
LANKTREE, CARRIE 50,127
LANSDELL, LANA 61,785
LAROSE, MICHELLE 66,766
LARSEN JAMES, NANCY 66,208
LARSON, JODY 64,735
LARSON, SHEILA 106,554
LAURENT, DEBRA 99,582
LAUTNER, FREDA 62,853
LAWRENCE, LEANNE 53,630
LAWRENCE NAYLEN, NANCY 54,416
LEBLANC, LEANNE 52,278
LEE, COLLEEN 89,580
LEE, JENNIFER 77,958
LEE, MICHAEL 104,412
LENFERNA, ALAIN 215,730
LESY, J VAUNE 66,513
LEWIS, BERTHA 72,327
LODEN, CATHERINE 82,708
LONOWAY, WESLEY 63,418
LUECK, SHELLEY 56,993
LUSCOMBE, MICHELLE 86,404
MAAS, BRIAN 61,317
MACCLEARY, ANGELA 71,588
MACPHEE, ALAN 86,817
MALIN, KATHLEEN 61,257
MANNS, DANIEL 54,961
MANTEI, LANA 102,997
MARCOTTE, JANE 52,186
MARCOTTE, VANESSA 71,758
MAREK, PATRICIA 56,177
MARSHAK, ESTHER 73,021
MARSHALL, GWENDA 90,623
MARSHALL, PAULINE 56,327
MATSALLA, DONNA 65,433
MAURER, DAWN 50,481
MAY, PATRICIA 102,526
MCAULEY, RICHELLE 52,142
MCCALLUM, TRENT 74,516
MCCLARTY, LEILA 100,396
MCCORMICK, JUDITH 97,591
MCFADDEN, KATHY 67,924
MCKAY, MONA 93,913
MCKEE, PENELOPE 58,855
MCLEOD, IRENE 88,959
MEGENBIR, JOHN 74,480
METZLER, BETTY 83,414
MIDDLETON, COLBY 50,605
MILLER, JOAN 100,954
MILLER, WANDA 74,385
MILLIGAN, CONNIE 63,131
MILTON, JULIE 79,478
MITTEN, MICHELE 84,234
MOHR, SUSAN 74,478
MOLARO, STEPHEN 55,695
MONTGOMERY, LISA 70,227
MOONEY, DERRICK 51,387
MORRICE, CINDY 58,194
MORRICE, JENNIFER 52,973
MORRIS, ALISON 69,708
MOWREY, GARY 55,603

MULHALL, SHARON	83,743
MURPHY, CRYSTAL	73,287
MURRAY, JOHN	67,979
MUSTATIA, STACEY	77,863
NAULT, BETTY	67,004
NAVIAUX, BARBARA	59,533
NAYLEN, CHERRIE	56,464
NEISZNER, HOLLY	56,919
NELSON, NAOMI	55,534
NICHOLSON, NOLA	52,986
NUESSLER, ANITA	63,855
OBST, DEBORAH	105,338
OCHITWA, KAREN	92,936
OLFERT, LARRY	63,911
ONSTAD, DELINDA	81,339
OXELGREN, SONIA	86,433
PANTELUK, LORI	79,621
PAULSON, C GRANT	83,021
PEDERSEN, ANDREW	86,957
PENNEY, KIMBERLY	58,739
PETERSEN, LEAH	80,762
PETERSON, CAROLYN	69,016
PETTITT, MARK	70,381
PETTY, SHARI	55,218
PICK, PAMELA	106,081
PIERCE COLBOW, DEANNA	86,216
PIERSON, KELLY	64,985
PLONKA, GRACE	86,448
POSPISIL, NONA	81,231
PRATT, JUDY	67,004
PRYZNYK, SHAWN	82,803
PURVIS, DIANA	83,375
PYETT, SHERRY	69,486
RAJOTTE, TERRI	102,816
RAPITTA, CARMEN	64,811
RESLEIN, JENNIFER	78,808
RESTAU, FLORIE	93,771
ROBINSON, BRADLEY	75,702
ROCHAT, MARK	58,585
RODENBUSH, DALE	110,226
RODINE, JOYCE	91,255
ROEMER, JOYCE	68,021
ROMAN, ROBERTO	50,122
RONQUILLO, YVONNE	90,719
ROR, LINDA	92,472
ROTHWELL, TRACEY	76,211
ROWE, EVELYN	89,661
ROY, JASON	74,015
ROY, RICHARD	66,405
RUDY, MICHELLE	54,535
RUTTEN, WHITNEY	63,000
RYGH, ROBERTA	69,243
SALMERS, MARLENE	70,021
SANDSTROM, CORINNE	73,230
SANGSTER, JANIS	82,686
SANGSTER, RHONDA	50,356
SATRE, TANIA	80,651
SAUNDERS, LESLIE	89,220
SAWIN, LORNA	100,653
SCHAFFER, MARY ANNE	67,310
SCHARNATTA, COLLEEN	77,660
SCHINDEL, SHARON	85,296
SCHMIDT, EUGENE	86,235
SCHMIDT, HAROLD	139,987
SCHMIDT, JASON	69,980
SCHMIDT, LAURIE	64,952
SCHMIDT, LENNA	67,004
SCHULTZ, DUANE	109,022
SCHULTZ, LORRIE	86,138
SELLERS, BETTY	53,495
SETRUM, CHARMAINE	75,156
SHAVER, NORMA	94,982
SHAW, THOMAS	74,414
SHELSTAD, CAROL	87,723
SIMPSON, BECKY	73,716
SJARE, MIKE	86,235
SJOSTRAND, JANICE	100,486
SMITH, SANDRA	53,372
SMITH, SHERRI	54,310
SOVDI, COLLEEN	51,057
SOVDI, JUDITH	77,033
SPENCER, PENELOPE	57,699
STEELE, KATHLEEN	86,451
STEIN, BRENDA	88,963
STEININGER, LIVIA	63,113
STEININGER, TERRY	89,711
STEPHANY, GENE	92,036
STRELIEFF, HELEN	54,247
STRUBLE, ANNAMARIE	58,964
STUBEL, MONIKA	51,879
STYLES, NANCY	75,506
SWERTZ, STELLA	79,650
SZABO, MICHAEL	50,972
SZAKACS, SHEILA	65,330
TAIT, PAULA	65,874
TAMONDONG, MARICEL	56,899
TANT, CALVIN	177,062
TANT, HEATHER	92,544
TEDFORD, GARRY	70,201
TESTER, CHRISTINE	60,306
THERA, SHIRLEY	67,004
THOMPSON, DEBORAH	90,276
THOMSON, SCOTT	58,573
THUEN, DEBORAH	90,492
TIFFEN, MONIQUE	70,170
TOMILIN, BARBARA	82,017
TOTH, SHAUNA	61,148
TOURAND, DENISE	76,205
TREBICK GIBSON, CORINNE	79,167
TREJO SOTOMAYOR, LINDA	68,986
TREMBLAY, LARAINE	94,944
TULLOCH, LORI JEAN	59,128
ULMER, THERESA	69,904
VANSTONE, JEWELL	72,324
VERMEULEN, CHRISTA	80,691
VEROBA, SARAH	57,978
VIERGUTZ, SUSAN	80,204
WAGNER, JANICE	73,315
WALL, RHONDA	81,511
WARD, COREEN	103,286
WARD, STEPHANIE	76,366
WARNER JOHANSON, SHEILA	70,152
WARREN, NANCY	90,462
WATLING, JOSEPHINE	63,330
WATSON, FELECIA	65,217
WATSON, ROD	79,102
WEILER, ANN	52,611
WEIR, BROCK	56,169
WHEELER, SHIRLEY	86,213
WHYTE, DERRICK	89,344
WIEBE, RACHEL	64,820
WILES, LINDA	86,139
WILLETTE, STEPHANIE	59,368
WILSON, LINDA	99,582
WILSON, TANNIS	97,718
WOLFE, DONNA	82,565
WRIGHT, BARBARA	64,470
WRIGHT, BERNADETT	95,477
WRIGLEY, KYRA	65,296
WYSMINITY, LINDA	101,237
ZAMBORY, TRACY	89,882
ZELIONKA, TIFFANY	60,047
ZENKAWICH, STEVEN	100,244
ZYLA, JILL	53,350

Transfers

Listed by program are transfers to recipients who received $50,000 or more

Borderline Housing Co. Inc.	1,415,760
Canadian Mental Health Association	121,805
Fillmore Ambulance	73,260
Radville Marian Health Centre	3,017,898
SMILE Services Inc.	58,299
St. Joseph's Hospital	14,142,232
Supreme Ambulance (Carlyle)	313,356
Weyburn Group Home Society Inc.	269,531

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Access Communications	58,306
Beckman Coulter Canada Inc.	223,815
Bunzl Distribution	204,681
C J Meyer Medical P.C., Inc.	374,642
Caltec Flooring Ltd.	144,546
Can-Med Healthcare	70,404
City of Weyburn	94,910
CPDN	134,244
Cummins Mid-Canada Ltd.	87,130
Denson Commercial Food Equipment Inc.	119,386
Fong, Dr. Philip	170,354
GE Healthcare Canada	203,455
Grand & Toy Office Products	131,839
Healthcare Insurance Reciprocal of Canada	73,766
Healthmetrx Canada Inc.	59,713
Hess, Dr. Grant C.	137,402
Hill-Rom Canada Ltd.	78,507
Hospira Healthcare Corporation	146,088
Hudson, Dr. Shauna	247,778
IBM Canada Ltd.	937,041
Integrated Planning Resources Inc.	172,962
Johnson & Johnson Medical Products	290,176
MacPherson Leslie & Tyerman	50,424
Marsh Canada Ltd.	201,357
McKesson Canada	98,618
McKesson Distribution Partners	72,066
Medical Centre	57,537
Medical Professional Corporation	223,600
MHPM Project Managers Inc.	146,146
Minister of Finance	59,295
Onugha, Dr. Edward	74,971
Oyebode, Dr. Omoniyi	316,446
Peridot Medical Inc.	175,652
Perry, Dr. N.	68,632
Phillips Medical Systems Canada	139,731
Pratt's Wholesale Sask Ltd.	69,725
Quality Life Services Inc.	334,679
Radiology Associates of Regina	275,192
Regina Qu'Appelle Health Region	129,422
Roof Management & Inspection	50,249
Russell Food Equipment Ltd.	75,489
Saskatchewan Power Corporation	2,084,622
Saskatchewan Property Management	731,763
Saskatchewan Telecommunications	425,967
SaskEnergy Incorporated	823,235
Schaan Healthcare Products	657,733
Siemens Healthcare Diagnostics Ltd.	94,260
Softchoice Corporation	71,437
Source Medical Corporation	98,603
St. Joseph's Hospital	1,248,754
Stantec	165,704
Stevens Company Ltd.	111,506
Suberu, Dr. G. B.	397,108
Sysco Food Services West Inc.	814,272
The Border-line Housing Company (1975) Ltd	313,658
The Noblet Design Group	155,252
Town of Carnduff	403,600
Tyco Healthcare Canada Inc.	59,998
Vipond Fire Protection Inc.	62,420
Vitalaire Healthcare	144,634
Weyburn Dairy Distributors	83,899

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Canadian Union of Public Employees Employment Strategy Committee	97,451
Canadian Union of Public Employees Local 5999	767,688
Citicorp Vendor Finance Ltd.	74,281
Great West Life Assurance Company	520,955
Health Sciences Association of Saskatchewan	93,801
London Life	117,578
Public Employees Pension Plan	183,490
Receiver General for Canada	20,065,219
Royal Bank of Canada - Weyburn	61,223
Sask Works Venture Fund Inc.	709,200
Saskatchewan Association of Health Organizations	4,817,384
Saskatchewan Healthcare Employees Pension Plan	7,907,790
Saskatchewan Registered Nurses' Association	111,384
Saskatchewan Union of Nurses	289,510
Saskatchewan Workers' Compensation Board	1,276,350

Financial Statements

Sun Country Regional Health Authority Financial Statements, March 31, 2009.

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SUN COUNTRY REGIONAL HEALTH AUTHORITY
FINANCIAL STATEMENTS

March 31, 2010

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May 7, 2010

SUN COUNTRY HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Sun Country Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal controls, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance and Audit Committee. The Finance and Audit Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance and Audit Committee, approves financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance and Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Calvin A. Tant, MHSc, CHE
President & CEO

Hal Schmidt
VP Finance & Corporate Services

VIRTUS GROUP

Chartered Accountants & Business Advisors LLP

AUDITORS' REPORT

To the Members of the Board,
Sun Country Regional Health Authority

We have audited the statement of financial position of Sun Country Regional Health Authority as at March 31, 2010 and the statements of operations, changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Sun Country Regional Health Authority as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

May 7, 2010
Regina, Saskatchewan

Virtus Group LLP
Chartered Accountants

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Saskatoon, Saskatchewan S7K 2H4
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SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Financial Position

As at March 31, 2010

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2010	Total 2009
Assets					
Current Assets					
Cash and Short Term Investments (Schedule 2)	$ 8,458,602	7,851,000	2,412,364	18,721,966	40,552,808
Restricted Cash and Investments (Schedule 2)	561,387	-	-	561,387	553,583
Accounts Receivable					
Ministry of Health - General Revenue Fund	89,488	-	-	89,488	116,653
Accounts Receivable - Interfund	128,391	-	(128,391)	-	-
Other	1,173,893	-	8,711	1,182,604	1,245,084
Inventories	986,743	-	-	986,743	866,551
Prepaid Expenses	702,702	-	-	702,702	605,690
	12,101,206	7,851,000	2,292,684	22,244,890	43,940,369
Investments (Schedule 2)	15,359	-	30,319	45,678	380,711
Loan Receivable (Note 5)	-	-	44,000	44,000	95,000
Capital Assets (Note 3)	-	44,344,266	-	44,344,266	44,589,913
Total Assets	$ 12,116,565	52,195,266	2,367,003	66,678,834	89,005,993
Liabilities					
Current Liabilities					
Accounts Payable	$ 1,423,761	49,698	-	1,473,459	2,286,134
Accrued Salaries and Benefits	9,584,720	-	-	9,584,720	4,056,543
Accrued Vacation	6,135,402	-	-	6,135,402	6,010,249
Mortgages Payable - Current (Note 7)	-	378,129	-	378,129	359,885
Obligation under Capital Lease - Current (Note 4)	-	14,929	-	14,929	19,220
Deferred Revenue (Note 8)	1,535,310	-	-	1,535,310	1,289,938
	18,679,193	442,756	-	19,121,949	14,021,969
Mortgages Payable (Note 7)	-	4,800,801	-	4,800,801	5,182,521
Obligation under Capital Lease (Note 4)	-	7,123	-	7,123	20,272
Total Liabilities	18,679,193	5,250,680	-	23,929,873	19,224,762
Fund Balances					
Invested in Capital Assets	-	39,121,666	-	39,121,666	38,984,908
Externally Restricted (Schedule 3)	552,413	7,196,664	2,367,003	10,116,080	36,761,593
Internally Restricted (Schedule 4)	8,974	626,256	-	635,230	229,851
Unrestricted	(7,124,015)	-	-	(7,124,015)	(6,195,121)
Total Fund Balances	(6,562,628)	46,944,586	2,367,003	42,748,961	69,781,231
Total Liabilities & Fund Balances	$ 12,116,565	52,195,266	2,367,003	66,678,834	89,005,993

Commitments (Note 4)
Mortgages (Note 7)
Pension Plan (Note 11)

Approved by the Board:

Sharon Bauche, Board Chair

Marilyn Charlton, Board Vice Chair

The accompanying notes and schedules are part of these financial statements

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Operations and Changes in Fund Balances

For the year ended March 31, 2010

	Operating Fund			Restricted Funds			
	Budget 2010 (Note 12)	2010	2009 (Note 10)	Capital Fund 2010	Community Trust Fund 2010	Total 2010	Total 2009
Revenues							
Ministry of Health - General Revenue Fund	$ 107,008,550	86,472,307	102,913,309	1,350,143	-	1,350,143	34,931,791
Other Provincial	1,067,614	960,435	574,186	144,234	-	144,234	144,234
Federal Government	2,000	3,081	5,101	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	157,388	158,955	159,239	-	-	-	-
Patient Fees	10,869,436	11,244,853	10,690,403	-	-	-	-
Out of Province (Reciprocal)	402,010	536,037	610,352	-	-	-	-
Out of Country	11,300	15,063	9,632	-	-	-	-
Donations	34,000	267,106	138,478	201,124	249,811	450,935	1,285,455
Investment	150,000	71,090	146,935	407,308	46,337	453,645	183,823
Ancillary	-	-	-	-	-	-	-
Recoveries	1,032,267	1,338,489	1,282,778	-	-	-	-
Unrealized gain - financial instruments	-	-	-	-	-	-	-
Other	113,642	218,523	209,133	16,000	-	16,000	2,028
	120,848,205	101,285,719	116,739,546	2,118,809	296,148	2,414,957	36,527,331
Expenses †							
Provincial Wide Acute Care Services	728,711	914,791	690,577	-	-	-	-
Acute Care Services	28,900,435	29,869,784	27,569,276	619,066	-	619,066	1,047,092
Physician Compensation - Acute	725,222	914,074	848,388	-	-	-	-
Supportive Care Services	51,790,619	55,153,095	50,786,901	2,337,432	537,002	2,874,434	3,414,088
Home Based Services - Supportive Care	8,538,467	8,605,315	7,990,001	20,797	-	20,797	13,019
Population Health Services	3,820,710	4,239,138	3,660,813	67,397	-	67,397	49,781
Community Care Services	6,072,804	6,217,022	5,535,451	5,317	-	5,317	12,105
Home Based Services - Acute & Palliative	860,931	896,888	815,067	1,730	-	1,730	1,215
Primary Health Care Services	4,445,664	4,014,973	3,709,479	128,166	44,858	173,024	152,603
Emergency Response Services - RHA	4,773,152	5,143,065	4,741,268	206,223	-	206,223	272,388
Mental Health Services - Inpatient	1,921,328	2,167,495	1,913,775	1,883	-	1,883	24,078
Addictions Services - Residential	-	-	-	-	-	-	-
Physician Compensation - Community Services	1,717,806	1,585,922	1,760,887	-	-	-	-
Program Support Services	6,394,970	6,882,780	6,026,792	-	-	-	-
Special Funded Programs	157,388	158,955	159,239	-	-	-	-
Ancillary	-	-	-	-	-	-	-
	120,848,205	126,763,295	116,227,716	3,387,791	581,860	3,969,651	4,986,369
Excess (Deficiency) of revenues over expenses	$ -	(25,477,576)	511,830	(1,268,982)	(285,712)	(1,554,694)	31,540,962
Fund Balance, beginning of year		(5,641,538)	(5,225,527)	72,660,541	2,762,228	75,422,769	42,963,968
Interfund Transfers (Note 14)		24,556,486	(927,841)	(24,446,973)	(109,513)	(24,556,486)	927,841
Fund Balance, end of year		$ (6,562,628)	(5,641,538)	46,944,586	2,367,003	49,311,589	75,422,769

† See also Schedule 1 - Expenses Classified by Object

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Cash Flows
For the year ended March 31, 2010

	Operating Fund		Restricted Funds			
	2010	2009	Capital Fund	Community Trust Fund	Total 2010	Total 2009
Cash Provided by (used in)	*Operating Activities*		*Financing and Investing Activities*			
Excess (deficiency) of revenues over expenses	$ (25,477,576)	511,830	(1,268,982)	(285,712)	(1,554,694)	31,540,982
Amortization of Capital Assets	-	-	3,017,201	-	3,017,201	2,875,725
Gain on Disposal of Capital Assets	-	-	(16,000)	-	(16,000)	(2,028)
Net change in non-cash working capital						
Saskatchewan Health - General Fund	27,165	(17,664)	-	-	-	-
Accounts Receivable - Interfund	123,729	(78,418)	-	(123,729)	(123,729)	78,418
Accounts Receivable - Other	(143,841)	195,248	190,000	18,321	208,321	(178,030)
Inventories	(120,192)	(83,719)	-	-	-	-
Prepaid Expenses	(97,012)	(472,429)	-	-	-	-
Accounts Payable	(818,850)	349,087	6,175	-	6,175	(119,874)
Accrued Salaries and Benefits	5,528,177	(237,207)	-	-	-	-
Accrued Vacation	126,153	327,607	-	-	-	-
Deferred Contributions	245,372	409,059	-	-	-	-
	(20,607,875)	903,392	1,928,394	(393,120)	1,535,274	34,195,173
Purchase of Capital Assets	-	-	(2,771,554)	-	(2,771,554)	(3,800,640)
Proceeds from sale of Capital Assets	-	-	16,000	-	16,000	4,000
Net change in Restricted Cash and Investments	(7,804)	6,490	-	-	-	-
Purchase of Investments	(729)	-	-	-	-	-
Proceeds from Investments	-	1,139	-	335,762	335,762	639,622
Proceeds from Loan Receivable	-	-	-	51,000	51,000	5,000
	(8,533)	7,629	(2,755,554)	386,762	(2,368,792)	(3,152,018)
Repayment of Debt	-	-	(380,916)	-	(380,916)	(402,185)
	-	-	(380,916)	-	(380,916)	(402,185)
Net increase (decrease) in Cash Flow	$ (20,616,408)	911,021	(1,208,076)	(6,358)	(1,214,434)	30,640,970
Balance of Cash and Short Term Investments						
Balance at beginning of year	$ 4,518,524	4,535,344	33,500,049	2,528,235	36,034,284	4,465,473
Interfund Transfers (Note 14)	24,556,486	(927,841)	(24,446,973)	(109,513)	(24,556,486)	927,841
Net increase (decrease) in Cash Flow	(20,616,408)	911,021	(1,208,076)	(6,358)	(1,214,434)	30,640,970
Balance at end of year	$ 8,458,602	4,518,524	7,851,000	2,412,364	10,263,364	36,034,284
Balance at end of year is comprised of:						
Cash and Cash Equivalents	8,458,602	4,518,524	7,851,000	2,038,630	9,889,630	35,184,164
Short Term Investments	-	-	-	373,734	373,734	850,120
Cash and Short Term Investments (Schedule 2)	$ 8,458,602	4,518,524	7,851,000	2,412,364	10,263,364	36,034,284
Supplementary Cash Flow Information						
Interest Paid	$ -	-	266,960	-	266,960	285,750

The accompanying notes and schedules are part of these financial statements

1. Legislative Authority

The Sun Country Regional Health Authority (SCRHA) operates under *The Regional Health Services Act* (the Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Sun Country Health Region, under section 27 of *The Act*. The Sun Country Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The SCRHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles, and are based on the application of the accounting policies described below.

a) Health Care Organizations (HCO)

i) The SCRHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

Canadian Mental Health Association
Weyburn Group Home Society
SMILE
Fillmore Ambulance
Supreme Ambulance

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliates are incorporated as follows:

St. Joseph's Hospital	Non-profit Corporations Act of Saskatchewan, 1977
Radville Marian Health Centre	Non-profit Corporations Act of Saskatchewan, 1977
The Border-line Housing Company (1975) Ltd.	Non-profit Corporations Act of Saskatchewan, 1977

The SCRHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the SCRHA has disclosed certain financial information regarding these affiliates.

These affiliates are not consolidated into the SCRHA financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of the operations, and cash flows of the affiliates.

iii) Within the SCRHA, there are several foundations that raise money for the benefit of the SCRHA. These financial statements do not include the financial activities of the foundations. Alternatively, Note 9 b) iii) provides supplementary information regarding the donations received from the foundations.

b) Fund Accounting

The accounts of the SCRHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the SCRHA including revenues received for provision of health services from Saskatchewan Health – General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

2. Significant Accounting Policies - continued

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the SCRHA in capital assets after taking into consideration any associated long term debt. The capital fund includes revenues received or receivable from Saskatchewan Health – General Revenue Fund designated for construction of capital projects and/or the acquisition of assets. The capital fund also includes donations designated for capital purposes by the contributor and funding relating to the mortgages. Expenses consist of the amortization of assets, interest expense, and other expenses that qualify for the designated Capital Funding.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the SCRHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the SCRHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the SCRHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year in which they are received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with life exceeding one year, are amortized on a straight-line or declining balance method over their estimated useful lives as follows:

Buildings	2.5% to 10%
Land and Leasehold Improvements	2.5% to 20%
Equipment	5% to 50%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

f) Inventories

Inventories consist of general stores, maintenance, pharmacy, laboratory, and other items. All inventories are held at the lower of cost or net realizable value as determined by the weighted average method.

g) Pension

Employees of the SCRHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The SCRHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the SCRHA expenses all contributions it is required to make in the year.

2. Significant Accounting Policies - continued

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Amortization is based on the estimated useful lives of Capital Assets. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instruments

The SCRHA has classified its financial instruments into one of the following categories: held-for-trading, held-to-maturity, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Held-to-maturity, loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the SCRHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable, loan receivable and interfund loan are classified as loans and receivables.
- Investments in money market funds are classified as held-for-trading and recorded at fair market value. All other investments are classified as held-to-maturity assets and recorded at amortized cost.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Mortgages payable and obligation under capital lease are classified as other liabilities. The related debt premium or discount and issuer costs are included in the carrying value of the long term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2010 (2009 – none), the SCRHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The SCRHA is exposed to financial risk as a result of financial instruments. The risks the SCRHA may be exposed to are:

i. Price risk which include: Currency risk, affected by changes in foreign exchange rates; Interest rate risk, affected by changes in market interest rates; and Market risk, affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.

ii. Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

iii. Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.

iv. Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The SCRHA has policies and procedures in place to mitigate these risks.

j) Replacement Reserves

The SCRHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation (SHC). Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	2010			2009
	Cost	Accumulated Amortization	Net	Net
Land	$ 749,603	$ -	$ 749,603	$ 749,603
Land Improvements	785,915	650,339	135,576	153,454
Leasehold Improvements	209,143	209,143	-	-
Buildings	70,837,850	32,299,392	38,538,458	39,050,539
Equipment	13,276,458	8,819,646	4,456,812	4,611,400
Construction in progress	455,226	-	455,226	-
Under Capital Lease: Equipment	83,422	74,831	8,591	24,917
	$ 86,397,617	$ 42,053,351	$ 44,344,266	$ 44,589,913

4. Commitments

a) Capital Asset Acquisitions

At March 31, 2010, the commitments for acquisition of capital assets were $1,531,137 (2009 - $1,129,121).

b) Capital Infrastructure Projects

At March 31, 2010, the commitments for specific capital infrastructure projects were $1,447,329 (2009 - $1,868,396).

c) Capital Building Projects

As at March 31, 2010, the Ministry of Health provided funding in the amount of $3,300,000 to be used to construct three replacement facilities. There is $3,200,347 remaining at March 31, 2010.

d) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2011	$ 808,797
2012	$ 763,121
2013	$ 679,008
2014	$ 512,965
2015	$ 20,375

4. Commitments (continued)

e) Capital Leases

Minimum annual payments under capital leases on equipment over the full lease term are as follows:

	Equipment	Equipment	Total
Interest rate	6.15%	4.75%	
Expiry date	January 31, 2011	September 2, 2013	
2011	$ 12,006	$ 3,210	$ 15,216
2012	-	3,210	3,210
2013	-	3,210	3,210
2014	-	1,605	1,605
Total minimum lease payments	12,006	11,235	23,241
Amount representing interest	(287)	(902)	(1,189)
Balance of the obligation	11,719	10,333	22,052
Less: Current Portion	(11,719)	(3,210)	(14,929)
	$ -	$ 7,123	$ 7,123

f) Contracted Health Service Operators

The SCRHA continues to contract on an ongoing basis with private health service operators to provide health services in the SCRHA similar to those provided in the year ending March 31, 2010.

5. Long Term Loan Receivable

The SCRHA has an agreement with M.O.R.E. 2000 Organization Inc. to lend them $100,000 interest free. This is planned to be paid off by April, 2010. The M.O.R.E. 2000 Organization Inc. paid $51,000 in 2010 (2009 - $5,000).

6. Patient and Resident Trusts Accounts

The SCRHA administers funds held in trust for patients and residents using the SCRHA's facilities. The funds are held in separate bank accounts. Funds held in trust are not included in these financial statements. Total funds held in trust are summarized as follows:

	2010	2009
Sun Country Regional Health Authority - Resident Trust	$ 43,007	$ 47,577
Souris Valley Extended Care Centre – Resident Bazaar	-	57,100
Weyburn Mental Health Centre – Resident Bazaar	-	121,004
	$ 43,007	$ 225,681

7. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	2010	2009
Newhope Pioneer Lodge CMHC, due May 1, 2021	4.690%	$110,309 principal & interest of which $29,437 is subsidized by SHC. Yielding an effective interest rate of 1.477%. Mortgage renewal date - August 1, 2016	$ 959,579	$ 1,023,679
Willowdale Lodge CMHC, due July 1, 2019	6.875%	$12,772 principal & interest Mortgage renewal date - July 1, 2019	88,149	94,702
Estevan Regional Nursing Home CMHC, due August 1, 2016	5.375%	$15,956 principal & interest Mortgage renewal date - August 1, 2016	66,594	97,627
Estevan Regional Nursing Home CMHC, due January 1, 2023	7.000%	$8,109 principal & interest Mortgage renewal date - January 1, 2023	68,925	72,156
Moose Mountain Lodge CMHC, due October 1, 2026	8.000%	$34,476 principal & interest Mortgage renewal date - October 1, 2026	318,784	327,784
Weyburn Special Care Home CMHC, due April 1, 2019	4.690%	$147,788 principal & interest of which $43,157 is subsidized by SHC. Yielding an effective interest rate of 0.516%. Mortgage renewal date - August 1, 2016	1,093,405	1,187,990
Weyburn Special Care Home CMHC, due March 1, 2017	5.375%	$18,732 principal & interest Mortgage renewal date - March 1, 2017	109,305	121,863
Bengough Health Centre CMHC, due September 1, 2018	5.750%	$10,987 principal & interest Mortgage renewal date - September 1, 2018	73,933	80,515
Fillmore Health Centre CMHC, due October 1, 2022	4.320%	$43,557 principal & interest of which $10,866 is subsidized by SHC. Yielding and effective interest rate of 1.641%. Mortgage renewal date - February 1, 2016	423,032	447,890
Gainsborough Health Centre CMHC, due June 1, 2022	4.320%	$41,469 principal & interest of which $10,030 is subsidized by SHC. Yielding and effective interest rate of 1.666%. Mortgage renewal date - February 1, 2016	394,627	418,635
Lampman Health Centre CMHC, due September 1, 2021	4.320%	$66,647 principal & interest of which $15,881 is subsidized by SHC. Yielding and effective interest rate of 1.569%. Mortgage renewal date - February 1, 2016	604,189	644,029
Redvers Centennial Haven CMHC, due January 1, 2018	5.375%	$8,579 principal & interest Mortgage renewal date - January 1, 2018	54,861	60,364
Wawota Deerview Lodge CMHC, due December 1, 2020	5.140%	$109,304 principal & interest in which $34,863 is subsidized by SHC. Yielding and effective interest rate of 1.096%. Mortgage renewal date - December 1, 2013	903,547	965,172
			$ 5,178,930	$ 5,542,406
		Less: Current Portion	378,129	359,885
			$ 4,800,801	$ 5,182,521

7. Mortgages Payable - continued

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewals occur.

For each of the mortgages, the SCRHA has pledged the related buildings as security. Principal repayments required in each of the next five years is estimated as follows:

2011	378,129
2012	397,727
2013	417,661
2014	438,615
2015	460,205
2016 and thereafter	3,086,593

8. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Primary Care Funding	$ 445,869	$ 191,997	$ 20,000	$ 273,872
Aboriginal Awareness	-	16,014	16,014	-
Professional Development	25,019	-	34,373	59,392
Mentorship	11,196	11,196	-	-
Safety Training Initiatives	118,386	54,954	69,628	133,060
SIMS and PHIS	11,696	-	-	11,696
MDS for Home Care	41,486	39,227	-	2,259
Health Promotion	12,522	45,022	32,500	-
Quality Workplace Initiative	90,059	6,738	34,373	117,694
Community Supports	31,865	-	-	31,865
Youth Drug Detox	61,358	-	-	61,358
Autism	150,000	-	-	150,000
Infection Control Initiatives	-	-	68,322	68,322
MH Approved Home Enhancements	-	2,659	8,839	6,180
Recruitment Initiatives	-	-	30,000	30,000
Total Sask Health	$ 999,456	$ 367,807	$ 314,049	$ 945,698
Other Initiatives				
SUN Recruitment & Retention	262,313	-	-	262,313
LEAN Initiative	-	65,118	333,001	267,883
Other Revenue received in advance	28,169	128,233	159,480	59,416
Total Deferred Revenue	$ 1,289,938	$ 561,158	$ 806,530	$ 1,535,310

9. Related Parties

These financial statements include transactions with related parties. The SCRHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under common control of the Government of Saskatchewan. The SCRHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the SCRHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms. Significant related party transactions greater than $50,000 and not shown separately in these financial statements are disclosed below. In addition, the SCRHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2010	2009 (Note 10)
Revenues		
Medical Services Branch	55,735	$ 63,086
Saskatchewan Government Insurance	158,955	159,239
Saskatchewan Health	536,037	610,352
Senior Citizen's Ambulance Assistance Program	740,073	818,120
Workers' Compensation Board	260,241	328,732
	$ 1,751,041	$ 1,979,529
Expenses		
Canadian Mental Health Association	$ 122,105	$ 119,589
Fillmore Ambulance	73,260	75,232
Public Employees Pension Plan	183,450	181,916
Radville Marian Health Centre	3,017,898	3,065,361
Regina Qu'Appelle Health Region	120,292	144,412
Saskatchewan Association of Health Organizations	4,687,194	4,541,024
Saskatchewan Health Employees Pension Plan	7,907,790	7,074,269
Saskatchewan Power Corporation	966,974	935,652
Saskatchewan Property Management	758,427	808,604
Saskatchewan Telecommunications	413,008	384,846
SaskEnergy Incorporated	768,781	929,469
SMILE Services Inc.	58,299	56,749
St. Joseph's Hospital	15,087,007	14,092,077
Supreme Ambulance (Carlyle)	313,356	337,487
The Border-line Housing Company (1975) Ltd	1,415,760	1,507,137
Weyburn Group Home Society	269,531	271,030
Workers' Compensation Board	1,264,798	1,183,111
	$ 37,427,930	$ 35,707,965

9. a) *Related Party Transactions - continued*

	2010	2009
Accounts Receivable		
Senior Citizen's Ambulance Assistance Program	$ 138,300	$ 181,083
Saskatchewan Health	95,187	136,912
	$ 233,487	$ 317,995
Prepaid Expenses		
Workers' Compensation Board	$ 307,128	$ 295,923
Saskatchewan Association of Health Organizations	$ 120,960	$ 122,750
	$ 428,088	$ 418,673
Accounts Payable		
Saskatchewan Association of Health Organizations	$ 218,815	$ 335,286
Saskatchewan Health Employees Pension Plan	594,880	505,314
Saskatchewan Power Corporation	152,607	336,266
Saskatchewan Property Management	128,231	45,869
SaskEnergy Incorporated	57,274	167,320
St. Joseph's Hospital	155,886	105,873
	$ 1,307,693	$ 1,495,928

Note: Payments to the affiliates may be higher than the grant to affiliates due to other expenses incurred in the normal course of business.

b) *Health Care Organizations*

i) Prescribed Health Care Organizations and Third Parties

The SCRHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the SCRHA on a monthly basis in accordance with budget amounts approved annually. During the year, the SCRHA provided the following amounts to healthcare organizations.

	2010	2009
Canadian Mental Health Association	$ 121,805	$ 119,389
Fillmore Ambulance	73,260	75,232
SMILE Services Inc.	58,299	56,749
Supreme Ambulance (Carlyle)	313,356	337,487
Weyburn Group Home Society Inc.	269,531	271,030
	$ 836,251	$ 859,887

9. *b) Health Care Organizations - continued*

ii) Affiliates

The Act makes the SCRHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the SCRHA. The SCRHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2010	*2009*
St. Joseph's Hospital	$ 14,141,532	$ 13,930,946
Radville Marian Health Centre	3,017,898	3,065,361
The Border-line Housing Company (1975) Ltd.	1,415,760	1,507,137
Total	$ 18,575,190	$ 18,503,444

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities as at March 31, 2010 and 2009 and for the years then ended:

	Total 2010	*Total 2009*
Balance Sheet		
Assets	$ 3,439,433	$ 3,657,114
Net Capital Assets	23,418,687	23,864,568
Total Assets	$ 26,858,120	$ 27,521,682
Total Liabilities	3,551,105	3,469,059
Total Net Assets	23,307,015	24,052,623
Total Liabilities and Net Assets	$ 26,858,120	$ 27,521,682
Results of Operations and Fund Balances		
SCRHA Grant	$ 18,574,714	$ 18,552,875
Other Revenue	5,074,920	4,789,105
Total Revenue	$ 23,649,634	$ 23,341,980
Salaries & Benefits	18,338,513	17,610,663
Other Expenses *	6,064,647	5,797,747
Total Expenses	24,403,160	23,408,410
Excess (Deficiency) Revenue over Expenses	$ (753,526)	$ (66,430)

* Other Expenses includes amortization of $1,423,341 (2009 - $1,315,843)

Cash Flows		
Cash from Operations	$ 252,855	$ 1,572,805
Cash used in Financing Activities	521,102	(714,624)
Cash used in Investing Activities *	(980,274)	(5,150)
Increase (Decrease) in Cash	$ (206,317)	$ 853,031

* Cash used in Investing Activities includes capital purchases of $980,274 (2009 - $700,051)

9. *b) Health Care Organizations - continued*

iii) Fund Raising Foundations

There are various charitable health foundations throughout the region that raise money on behalf of healthcare organizations in their community. The SCRHA has an economic interest in the foundations and may upon agreement with the foundations be the recipient of funds to be used by the SCRHA for specific purposes. The foundation's total expenses include the following contributions to the SCRHA.

	2010	*2009*
Redvers & District Community Health Foundation Inc.	$ 2,498	$ 80,000
Coronach and Area Health Care Foundation	$ 213	$ 4,373
Kipling District Health Foundation Inc.	$ -	$ 639,488
Wawota Health Care Foundation Inc.	$ 579	$ -

10. **Comparative Information**

Some items appearing in the statements for the prior year have been reclassified to conform to the presentation used for the current year.

11. **Pension Costs**

Employees of the SCRHA participate in one of the following pension plans:

i) The Saskatchewan Healthcare Employees' Pension Plan (SHEPP) – This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, HSAS). SHEPP is a multi-employer defined benefit plan which came into effect December 31, 2002 (prior to December 31, 2002 this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

ii) The Public Employees' Pension Plan (a related party) – This is a defined contribution plan and the responsibility of the Province of Saskatchewan.

The SCRHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. The pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the SCRHA contribution amount below.

	2010			2009
	SHEPP	PEPP	Total	Total
Number of active members	1,590	23	1,613	1,511
Member contribution rate, percentage of salary	5.85-7.35%*	5%		
SCRHA contribution rate, percentage of salary	6.55-8.23%*	5%		
Member contributions (thousands of dollars)	3,773	85	3,858	3,298
SCRHA contributions (thousands of dollars)	4,226	87	4,313	3,697

*Contributions rate varies based on employee group.

1. Active members include all employees of the SCRHA, including those on leave of absense as of March 31, 2010. Inactive members are transferred to SHEPP and not included.

12. Budget

The SCRHA Board approved the 2009-2010 budget on May 27, 2009.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit Risk

The SCRHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the SCRHA's receivables are from Saskatchewan Health – General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair Value

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

i) The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

Accounts receivable
Loan receivable
Interfund loan
Accounts payable
Accrued salaries and vacation payable

ii) Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

iii) The fair value of mortgage payable before the repayment required within one year, is $6,008,209 (2009 - $6,335,024) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

d) Operating Line of Credit

The SCRHA has a line of credit limit of $1,000,000, of which none was drawn. The line of credit is secured by an assignment and hypothecation of revenues and bearing interest at a rate of Prime minus 0.5%, which is due on demand. No interest was paid on the line-of-credit in 2009 and 2010.

14. Interfund Transfers

Each year the SCRHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2010			2009		
	Operating	Capital	Community Trust	Operating	Capital	Community Trust
Capital Purchases	$ (211,577)	$ 296,090	$ (84,513)	$ (215,188)	$ 360,087	$ (144,899)
* Capital Funding Released	25,606,564	(25,606,564)	-	-	-	-
SHC reserves - Allocation	(105,488)	105,488	-	(105,488)	105,488	-
SHC reserves - R & M	194,913	(194,913)	-	26,672	(26,672)	-
SHC reserves - Transfers	-	-	-	97,186	(97,186)	-
EMS Vehicle Allocation	(50,000)	75,000	(25,000)	(50,000)	75,000	(25,000)
EPC Purchases	(877,926)	877,926	-	(681,023)	681,023	-
	$ 24,556,486	$ (24,446,973)	$ (109,513)	$ (927,841)	$ 1,097,740	$ (169,899)

* SCRHA received $29,400,000 Capital funding from Saskatchewan Health in 2009 to be used towards the replacement of three facilities. During 2010, a revised contract was signed and $26,100,000 was released from this restriction and available to transfer to the operating fund to offset the decrease in General Revenue funding of $26,100,000. Due to an actual deficit of $25,477,576, SCRHA has internally restricted $493,436 in the capital fund for future capital acquisitions. Therefore, $25,606,564 was transferred to the operating fund to cover the deficit, unfunded capital purchases and the EMS Vehicle Allocation.

15. Volunteer Services

The operations of the SCRHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Contingent Liability

Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal (or reconsideration) process. As a result, employees and employers have filed appeals and recommendations on these appeals were completed. Major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). A number of individual issues consisting of recommendations not agreed still remain. Outcomes of the Tribunal resulted in further issues where additional classifications were created and duties of existing classifications were revised. A process to deal with the issues is being developed by the unions and SAHO and eventually the specific decision will be determined by a third party. Dealing with some of these issues is expected to extend until 2011. The results of outstanding issues are currently unknown. The cost of these cannot be reasonably determined at this time.

17. Collective agreements

The CUPE contract expired March 31, 2008 and, while the proposed settlement has not been agreed to or ratified by the union, an estimate for the CUPE retroactive settlement of $5,297,000 has been accrued in the financial statements. The HSAS contract expired March 31, 2009 and negotiations are ongoing. An estimate of the settlement is not determinable at this time. The SUN contract is in effect until March 31, 2012.

Schedule 1

Schedule of Expenses Classified by Object

	Budget 2010 (Note 12)	Actual 2010	Actual 2009
Operating:			
Board Costs	$ 120,549	93,314	91,917
Compensation - Benefits (Note 11)	13,884,454	13,922,437	12,004,886
Compensation - Salaries	68,557,590	74,129,517	66,625,846
Diagnostic Imaging Supplies	68,110	60,901	71,880
Drugs	519,044	442,978	415,167
Food	1,437,965	1,451,933	1,394,793
Grants to Ambulance Services	386,616	386,616	419,116
Grant to Third Parties	18,741,104	18,973,889	18,089,894
Housekeeping and Laundry Supplies	283,384	315,011	293,402
Information Technology Contracts	393,363	409,176	306,049
Insurance	305,886	310,581	331,824
Interest	13,921	7,996	11,289
Laboratory Supplies	543,940	605,555	525,843
Medical and Surgical Supplies	1,477,968	1,549,853	1,399,013
Medical Remuneration and Benefits	2,684,625	2,656,218	2,833,314
Office Supplies and Other Office Costs	571,757	617,564	574,516
Other	1,714,572	1,911,671	1,744,017
Other Referred Out Services	939,943	957,690	924,156
Professional Fees	1,661,720	1,502,209	1,341,198
Prosthetics	-	-	-
Purchased Services	623,130	519,823	615,631
Rent/Lease/Purchase	762,919	926,224	885,093
Repairs and Maintenance	988,882	1,221,430	1,338,973
Service Contracts	606,729	482,753	501,254
Travel	1,349,127	1,365,295	1,256,698
Utilities	2,210,907	1,940,661	2,231,947
	$ 120,848,205	126,763,295	116,227,716
Restricted:			
Amortization of Capital Assets		$ 3,017,201	2,875,725
Mortgage Interest Expense		265,471	283,980
Grants to Third Parties		91,685	902,345
Other		595,294	924,319
		$ 3,969,651	4,986,369

(See accompanying notes)

SUN COUNTRY REGIONAL HEALTH AUTHORITY
As at March 31, 2010

Schedule 2

Schedule of Cash and Investments

	Fair Value	Maturity	Effective Rate	Coupon Rate
RESTRICTED CASH AND INVESTMENTS				
Externally Restricted Investments (Schedule 3)				
Cash and Short Term				
Chequing and Savings				
Spectra Credit Union	$ 7,605,446			
Midale Credit Union	999,621			
CIBC	71,571			
Prairie Pride Credit Union	506,674			
RBC Investment Account	65,125			
Royal Bank - Money Maker Plus	28,903			
Royal Bank	61,868			
Wood Gundy	59			
CIBC Money Market Fund	476,521			
	$ 9,815,788			
Term Deposit				
Midale Credit Union - Term Certificate	$ 200,000	June 15, 2010	3.400%	3.400%
Midale Credit Union - Term Certificate	50,000	August 23, 2010	3.800%	3.800%
Midale Credit Union - Term Certificate	50,000	October 21, 2010	3.600%	3.600%
Prairie Pride Credit Union - Term Certificates	25,987	August 31, 2010	3.500%	3.500%
Prairie Pride Credit Union - Term Certificates	11,464	November 28, 2010	4.000%	4.000%
Prairie Pride Credit Union - Term Certificates	17,500	February 12, 2011	3.370%	3.370%
Prairie Pride Credit Union - Term Certificates	18,803	February 21, 2011	3.250%	3.250%
	$ 373,734			
Total Cash & Short Term Investments	$ 10,189,522			
Long Term				
Midale Credit Union - equity	$ 2,319			
Prairie Pride Credit Union - Term Certificates	28,000	April 2, 2011	2.950%	2.950%
Total Long Term Investments	$ 30,319			
Total Externally Restricted Investments	$ 10,219,841			
Internally Restricted Investments (Schedule 4)				
Cash and Short Term				
CIBC Money Market Fund	$ 114,902			
Spectra Credit Union	520,328			
Total Internally Restricted Investments	$ 635,230			
Unrestricted Investments				
Cash and Short Term				
Spectra Credit Union	8,458,602			
Long Term				
Co-op Equity	15,359			
Total Unrestricted Investments	$ 8,473,961			
Total Investments	$ 19,329,032			
Restricted and Unrestricted Totals				
Total Cash & Short Term	$ 19,283,354			
Total Long Term	$ 45,678			
Total Investments	$ 19,329,032			

*Restricted investments consist of :

- Community generated funds transferred to the SCRHA and held in the community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4).

(See accompanying notes)

Schedule 3

Schedule of Changes in Externally Restricted Fund Balances

	Balance Start of Year (Note 10)	Investment & Other Revenue	Donations	Expenses	Contributions (Withdrawals)	Balance End of Year
Operating Fund:						
Arcola Health Centre	$ 104,783	336	5,938	(72,388)	-	38,671
Deerview Lodge	6,645	56	30,770	(33,397)	-	4,074
Estevan Regional Nursing Home	30,999	134	2,475	(5,638)	-	27,970
Fillmore Health Centre	21,419	107	4,957	-	-	26,483
Home Care	174,720	726	8,578	(41,135)	-	142,889
Moose Mountain Lodge	28,358	105	1,071	(15,075)	-	14,459
Newhope Pioneer Lodge	6,333	29	1,820	(3,379)	-	4,803
Palliative Care	52,677	247	4,645	(2,603)	-	54,966
Galloway Health Centre	-	76	52,470	(2,917)	-	49,629
Tatagwa View	62,632	446	79,802	(17,318)	-	125,562
Weyburn General Hospital	13,647	64	-	-	-	13,711
Weyburn Special Care Home Education	34,401	163	2,605	(1,900)	-	35,269
Other communities	7,638	55	68,657	(62,423)	-	13,927
	544,252	2,544	263,788	(258,171)	-	552,413
Capital Fund:						
Arcola Health Centre	19,015	121	-	(19,136)	-	-
Estevan Regional Nursing Home	102	922	99,605	-		100,629
Kipling	20,600	245	-	-	-	20,845
Ministry of Health Capital Funding (Note 4)	32,397,517	355,573	845,700	(1,319,977)	(26,100,000)	6,178,813
Weyburn General Hospital Building	578,800	4,611	32,071	-	-	615,482
Weyburn General Hospital Equipment	425,745	3,974	66,950	(229,267)	-	267,402
Other communities	13,334	159	2,498	(2,498)	-	13,493
	33,455,113	365,605	1,046,824	(1,570,878)	(26,100,000)	7,196,664
Community Trust Fund:						
Coronach Trust Fund	70,998	573	-	-	-	71,571
Fillmore Area Trust Fund	155,956	-	-	(59)	-	155,897
Gainsborough Area Trust Fund	1,009,873	15,123	787	(410,527)	(26,757)	588,499
Lampman Area Trust Fund	74,269	649	12,048	(6,880)	-	80,086
Midale Area Trust Fund	1,237,943	27,601	227,747	(157,216)	(50,641)	1,285,434
Oxbow Area Trust Fund	188,573	1,978	8,627	(3,642)	(32,115)	163,421
Creighton Lodge Trust Fund	24,616	412	603	(3,536)	-	22,095
	2,762,228	46,336	249,812	(581,860)	(109,513)	2,367,003
	$ 36,761,593	414,485	1,560,424	(2,410,909)	(26,209,513)	10,116,080

(See accompanying notes)

Schedule 4

Schedule of Changes in Internally Restricted Fund Balances

	Balance beginning of year	Investment income allocated	Annual Allocation from unrestricted fund	Transfer to unrestricted fund expenses	Transfer in investment in capital asset fund balance	Balance end of year
Internally Restricted Fund Balances						
Capital Internally Restricted Fund Balances						
Replacement Reserves						
Bengough Health Centre	$ -	-	6,540	(6,540)	-	-
Weyburn Special Care Home	67,599	682	44,968	(113,249)	-	-
Estevan Regional Nursing Home	8,114	82	15,500	(23,696)	-	-
Newhope Pioneer Lodge	89,049	898	10,000	(77,414)	-	22,533
Wawota Deerview Lodge	15,278	154	7,745	(23,177)	-	-
Carlyle Moose Mountain Lodge	-	-	8,235	(8,235)	-	-
Kipling Willowdale Lodge	4,800	48	6,500	(8,226)	-	3,122
Redvers Centennial Haven	-	-	6,000	(6,000)	-	-
Other						
Emergency Medical Services Vehicles	35,680	485	75,000	(20,000)	16,000	107,165
Capital Acquisitions	-	-	493,436	-	-	493,436
Total Capital Internally Restricted Fund Balances	220,520	2,349	673,924	(286,537)	16,000	626,256
Operating Internally Restricted Fund Balances						
Quality Workplace	9,331	-	-	(357)	-	8,974
Total Operating Internally Restricted Fund Balances	9,331	-	-	(357)	-	8,974
Total Internally Restricted Fund Balances	$ 229,851	2,349	673,924	(286,894)	16,000	635,230

Emergency Medical Services Vehicles

The SCRHA internally restricts $50,000 (2009 - $50,000) per year, as financial resources permit, for the replacement of Ambulances.

The Midale Area Trust Fund donated $25,000 (2009 - $25,000) for the replacement of Ambulances in Weyburn or Estevan.

(See accompanying notes)

Schedule 5

Board Member Remuneration

Board Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2010 Total	2009 Total
Arthur, Alan J.	$ -	$ 2,513	$ 1,225	$ 1,157	$ -	$ 14	$ 4,909	$ 7,885
Bauche, Sharon R.	9,950	10,463	9,469	8,808	-	-	38,700	16,974
Carr, Lori	-	3,788	1,150	2,307	-	-	7,245	321
Charlton, Marilyn	-	3,936	775	1,304	-	23	6,040	291
Dash, Rita	-	-	-	-	-	-	-	11,780
Galloway, Marguerite	-	-	-	-	-	-	-	2,325
Kerr, Dave	-	-	-	-	-	-	-	2,940
Kickley, Earl		-	-	-	-	-	-	20,274
Koszman, Maurice W.	-	-	-	-	-	-	-	4,016
McFarlane, Jack	-	-	-	-	-	-	-	3,856
Palmer, Vern	-	2,313	1,513	1,773	-	-	5,599	4,359
Pedlar, Debbie	-	2,738	1,375	2,294	-	-	6,407	2,056
Rodine, Darrell	-	2,813	325	947	-	-	4,085	1,457
Rygh, Lorne	-	2,200	975	1,349	-	-	4,524	802
StandingReady, Darlene	-	1,725	888	875	-	-	3,288	6,075
Stephenson, Karen	-	4,700	925	1,571	-	87	7,283	200
Tunall, Eileen	-	3,175	988	1,200	-	-	5,363	1,788
Ward, Larry	-	-	-	-	-	-	-	8,065
Total	$ 9,950	$ 40,368	$ 19,408	$ 23,585	$ -	$ 104	$ 93,423	$ 92,486

Senior Management Salaries, Benefits, Allowances, and Severance

	2010						2009		
Senior Employees	Salaries (1)	Vacation Payout (1), (4)	Sub-total (Total Salaries)	Benefits and Allowances (2)	Severance Amount	Total	Salaries, Benefits & Allowances (Note 10)	Severance	Total
Calvin Tant, CEO	$ 177,062	$ -	$ 177,062	$ -	$ -	$ 177,062	$ 177,063	$ -	$ 177,063
Marga Cugnet, VP Primary & Integrated Health Care	139,987	90,200	230,187	-	-	230,187	135,880	-	135,880
Hal Schmidt, VP Finance & Corporate Services (3)	139,987	-	139,987	-	-	139,987	108,748	-	108,748
Ken Adams, VP Finance & Corporate Services (3)	-	-	-	-	-	-	20,806	-	20,806
Janice Giroux, VP Community Programs	139,987	23,225	163,212	-	-	163,212	135,914	-	135,914
Don Ehman, VP Human Resources	139,987	27,069	167,056	-	-	167,056	135,914	-	135,914
Alain Lenfame, VP Medical	215,730	-	215,730	-	-	215,730	35,161	-	35,161
Murray Goares, Regional Director of Facilities	109,023	11,467	120,490	-	-	120,490	107,830	-	107,830
	$ 1,061,763	$ 151,961	$ 1,213,724	$ -	$ -	$ 1,213,724	$ 855,316	$ -	$ 855,316

(1) Salaries include regular base pay, overtime, honoraria, sick leave and merit or performance pay, lump sum payments, and any other direct cash remuneration.
(2) Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education leave, education pay, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.
(3) Hal Schmidt started June, 2008, replacing Ken Adams.
(4) Senior management was required to have prior years outstanding vacation paid out in 2009-10.

(See accompanying notes)

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